Company Tracking Number:

TOI: LTC03G Group Long Term Care Sub-TOI: LTC03G.001 Qualified

Product Name: Mega 2.0

Project Name/Number: Mega 2.0/7053POL

Filing at a Glance

Company: Genworth Life Insurance Company

Product Name: Mega 2.0 SERFF Tr Num: GEFA-127125383 State: Arkansas

TOI: LTC03G Group Long Term Care SERFF Status: Closed-Approved- State Tr Num: 48834

Closed

Sub-TOI: LTC03G.001 Qualified Co Tr Num: State Status: Approved-Closed

Filing Type: Form/Rate Reviewer(s): Harris Shearer,

Stephanie Fowler

Authors: Richard Cromwell, June Disposition Date: 06/20/2011

Lipscomb, Jeanette Mai, Jim Lites,

Camisha Jones

Date Submitted: 05/20/2011 Disposition Status: Approved-

Closed

Implementation Date Requested: On Approval Implementation Date:

State Filing Description:

General Information

Project Name: Mega 2.0 Status of Filing in Domicile: Pending

Project Number: 7053POL Date Approved in Domicile:
Requested Filing Mode: Review & Approval Domicile Status Comments:

Explanation for Combination/Other: Market Type: Group

Submission Type: New Submission Group Market Size: Small and Large

Group Market Type: Employer, Association, Trust, Other Explanation for Other Group Market Type:

Labor Union

Overall Rate Impact: Filing Status Changed: 06/20/2011

State Status Changed: 06/20/2011

Deemer Date: Created By: Camisha Jones

Submitted By: Camisha Jones Corresponding Filing Tracking Number:

Filing Description:

Re: Genworth Life Insurance Company FEIN # 91-6027719 NAIC # 70025

GROUP ACCIDENT AND HEALTH INSURANCE

Long Term Care Insurance Policy 7053POL, et al. (See enclosed Attachment A)

Company Tracking Number:

TOI: LTC03G Group Long Term Care Sub-TOI: LTC03G.001 Qualified

Product Name: Mega 2.0

Project Name/Number: Mega 2.0/7053POL

Dear Sir or Madam:

We are submitting the group long term care insurance forms cited in Attachment A to this letter for your review and approval. These forms are new to our portfolio and will not replace any previously filed or approved forms. Substantially similar forms are being filed concurrently in Delaware, our state of domicile.

These forms provide group long term care insurance and are filed for general use in accordance with the applicable statutes and regulations of your jurisdiction. The group policy is guaranteed renewable and intended to provide federally tax qualified long term care insurance under the Health Insurance Portability and Accountability Act of 1996. The forms are designed so that the group master policy may be issued to any group eligible by statute and/or regulation in your state for long term care insurance. Coverage may be issued to eligible employees or eligible retirees of an employer group or eligible members of other allowable groups. Coverage may also be offered to any of the following family members of eligible employees of employer groups, eligible retirees of employer groups or the eligible participants of other allowable groups: spouse, partner, surviving spouse or partner, adult child, sibling, parent or grandparent.

The group policyholder will select and design the number and types of plans it wishes to offer to applicants. The policyholder will design these plans with respect to selecting single or multiple options of the following:

- Rate Guarantee Period
- Eligibility for Coverage
- Coverage Maximum
- Elimination Period
- Coverage Percentage
- Nursing Facility Maximum
- Benefit Increase Options
- Optional Benefits and Riders
- Policyholder contribution to premium payment

7053 POL, et al

Page two

Parameters for these category options are included in the Statements of Variability attached. The policy forms attached include an illustrative sample of an available benefit option.

Company Tracking Number:

TOI: LTC03G Group Long Term Care Sub-TOI: LTC03G.001 Qualified

Product Name: Mega 2.0

Project Name/Number: Mega 2.0/7053POL

Benefit Provisions. The following core benefits will be included in each policy issued; however, alternate versions of these benefits may be used as noted in the attached Statements of Variability:

- Privileged Care Coordination Services
- Nursing Facility Benefit
- Assisted Living Facility Benefit
- Bed Reservation Benefit
- Home and Community Care Benefit
- Home Assistance Benefit
- Hospice Care Benefit
- Respite Care Benefit
- Alternate Care Benefit
- International Coverage Benefit
- Waiver of Premium Benefit
- Wellness Benefit
- Contingent Nonforfeiture

In addition, the following optional benefits may be offered. Similarly, alternate versions of these benefits may also be offered as noted in the attached Statements of Variability:

- Informal Care Benefit
- Transition Benefit
- · Restoration Benefit
- Refund of Premium on Death Benefit
- Nonforfeiture Benefit Rider
- Shared Coverage Rider
- Survivorship Benefit
- International Nursing Facility Benefit

Several Benefit Increase Options will be offered including: 5% Compound; 3% Compound; Purchase Options; and others as listed in the attached Statements of Variability.

An endorsement will be added to the Certificate should the applicant choose a limited premium payment option of either 10 years, or to Age 65.

Variability of Forms. We have included the Statement of Variability (including Addendum 1) which addresses the purpose of any bracketed fields found in the policy and related forms.

Company Tracking Number:

TOI: LTC03G Group Long Term Care Sub-TOI: LTC03G.001 Qualified

Product Name: Mega 2.0

Project Name/Number: Mega 2.0/7053POL

7053 POL, et al Page three

Applications. We are including Group Master Application, 7053 MA, and application 37613 (Long Form Other), for your review and approval. In addition, we also intend to use the following previously approved applications: 43160 (Long Form) and 44752 (Comprehensive Modified Guaranteed Issue), approved 9/13/2005; and 37607 (Guaranteed Issue), 37608 (Simplified Modified Guaranteed Issue), 37609 (Comprehensive Modified Guaranteed Issue), 37610 (Short Form), 37611 (Long Form), 37612 (Long Form Spouse), 37614 (Short Form Spouse), approved 9/13/2005.

Additional Forms. A Personal Worksheet, Replacement Notice, and Potential Rate Increase Disclosure have been included for your review and approval. Replacement Notice, form 7046RPMT will also be used. This form was previously approved by your Department on 9/13/2005.

Format. While the attached forms are submitted on 8 ½ by 11 pages, we reserve the right to also print the same text in other formats or type faces and sizes (not less than your state's required minimum) such as in booklet format (5½ by 8 ½ pages), multiple columns or on electronic media (e.g. CD-ROM, Internet), if requested by the group policyholder.

Marketing Method. This product will be marketed through employee meetings, agent/producer assisted sales, the Internet or the direct response method. Each applicant will receive an Outline of Coverage at time of application.

In addition, we are submitting a completed Long Term Care Partnership Certification Form in order that, upon approval, this policy may be marketed as a qualified Partnership Policy under the Arkansas Long Term Care Partnership Program. Certificates issued to residents of your state, pursuant to group master policies issued to eligible groups outside the state on policy form series 7053 (as approved in the situs state of the group), are included in this certification, and will qualify for the Long Term Care Partnership Program.

An Actuarial Memorandum and rates are also included for your review, together with any required certifications and filing fees.

We trust that this submission will be acceptable to your Department. However, please let me know if you should have any questions or comments.

Sincerely,

Company Tracking Number:

TOI: LTC03G Group Long Term Care Sub-TOI: LTC03G.001 Qualified

Product Name: Mega 2.0

Project Name/Number: Mega 2.0/7053POL

Camisha Jones

Camisha Jones
Contract Analyst
LTC Product Development
Attachment A

Form Number Description

Policy

7053POL Group Master Policy

Certificate

7053CRT Certificate

7053CRT-TOC Table of Contents

7053CRT-SCH Certificate Schedule

7053CRT-APD Modal Premium Disclosure

7053CRT-MPD Modal Premium Disclosure

7053CRT-DEF General Definitions

7053CRT-POC Period of Coverage

7053CRT-PREM Premiums and Renewal

7053CRT-GEN General Provisions

7053CRT-REP Replacement Provisions

7053CRT-CP Claims Provisions

7053CRT-EX Exclusions and Limitations

7053CRT-EL Benefit Provisions

7053CRT-PCC Privileged Care Coordination

7053CRT-NF Nursing Facility Benefit

7053CRT-ALFV Assisted Living Facility Benefit

7053CRT-ALF Assisted Living Facility Benefit

7053CRT-BR Bed Reservation Benefit

7053CRT-BRNF Bed Reservation Benefit

7053CRT-HCF Home and Community Care Benefit

7053CRT-HCFI Home and Community Care Benefit

7053CRT-HA Home Assistance Benefit

Company Tracking Number:

TOI: LTC03G Group Long Term Care Sub-TOI: LTC03G.001 Qualified

Product Name: Mega 2.0

Project Name/Number: Mega 2.0/7053POL
7053CRT-INFC Informal Care Benefit
7053CRT-TRN Transition Benefit
7053CRT-HOS Hospice Care Benefit

7053CRT-RES Respite Care Benefit

7053CRT-ALT Alternate Care Benefit

7053CRT-RB Restoration Benefit

7053CRT-INF International Nursing Facility Benefit

7053CRT-IC International Coverage Benefit

7053CRT-WP Waiver Premium Benefit

7053CRT-GRP Graded Refund of Premium on Death Benefit

7053CRT-RP10 10 Year Refund of Premium on Death Benefit

7053CRT-NFO Nonforfeiture Benefit

7053CRT-CNF Contingent Nonforfeiture Benefit

Attachment A contd.

Riders

7053RDR-GRP Graded Refund of Premium Rider 7053RDR-RP10 10 Year Refund of Premium Rider 7053RDR-NFO Nonforfeiture Benefit Rider 7053RDR-SC Shared Coverage Rider 7053RDR-SURV10 10 Year Survivorship Rider 7053RDR-ESURV Enhanced Survivorship Rider 7053RDR-INFC Informal Care Benefit Rider 7053RDR-TRN Transition Benefit Rider 7053RDR-RB Restoration Benefit Rider

Endorsements

7053END-LP65 To Age 65 Premium Payment Endorsement 7053END-LP10 10 Year Premium Payment Endorsement 7053END-WE Wellness Endorsement

Applications

Company Tracking Number:

TOI: LTC03G Group Long Term Care Sub-TOI: LTC03G.001 Qualified

Product Name: Mega 2.0

Project Name/Number: Mega 2.0/7053POL 7053MA Group Master Application 37613 0311 Application (Long Form)

Additional Forms

7053-OL Outline of Coverage43472 04/04/11 Replacement Notice45912 04/04/11 Potential Rate Increase Disclosure115754 Personal Worksheet

Actuarial Memorandum and Rate Sheets

Company and Contact

Filing Contact Information

Camisha Jones, Compliance Analyst Camisha.Jones@genworth.com

6610 W. Broad Street 804-484-7044 [Phone]
Bldg 2, 5th Floor 804-281-6057 [FAX]

Richmond, VA 23230

Filing Company Information

Genworth Life Insurance Company CoCode: 70025 State of Domicile: Delaware 6610 W Broad Street Group Code: 4011 Company Type: LifeHealth &

Annuity

Richmond, VA 23230 Group Name: State ID Number:

(804) 281-6600 ext. [Phone] FEIN Number: 91-6027719

Filing Fees

Fee Required? Yes

Fee Amount: \$2,750.00

Retaliatory? Yes

Fee Explanation: $$50 \times 54(forms) + 1(rates) = 2750.00

SERFF Tracking Number: GEFA-127125383 State: Arkansas State Tracking Number: 48834

Filing Company: Genworth Life Insurance Company

Company Tracking Number:

TOI: LTC03G Group Long Term Care Sub-TOI: LTC03G.001 Qualified

Product Name: Mega 2.0

Project Name/Number: Mega 2.0/7053POL

Per Company: No

COMPANY AMOUNT DATE PROCESSED TRANSACTION #

Genworth Life Insurance Company \$2,750.00 05/20/2011 47833974

Company Tracking Number:

TOI: LTC03G Group Long Term Care Sub-TOI: LTC03G.001 Qualified

Product Name: Mega 2.0

Project Name/Number: Mega 2.0/7053POL

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved- Closed	Stephanie Fowler	06/20/2011	06/20/2011

Company Tracking Number:

TOI: LTC03G Group Long Term Care Sub-TOI: LTC03G.001 Qualified

Product Name: Mega 2.0

Project Name/Number: Mega 2.0/7053POL

Disposition

Disposition Date: 06/20/2011

Implementation Date: Status: Approved-Closed

Comment: This approval is subject to the following:

This approval is subject to the following:

- Increases will not be given more frequently than once in a twelve-month period;
- The insured shall be notified by the insurer of its intention to increase the rate for renewal not less than thirty (30) days prior to the effective date of the renewal.

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this	# of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where required):	Minimum % Change (where required):
			Program:	Program.			
			i rogram.				
Genworth Life Insurance	0.000%	0.000%	\$0	0	\$0	0.000%	0.000%
Company							

Company Tracking Number:

TOI: LTC03G Group Long Term Care Sub-TOI: LTC03G.001 Qualified

Product Name: Mega 2.0

Project Name/Number: Mega 2.0/7053POL

1 roject trame, tramoer. mega 2.0, 7 052	N OE		
Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	Health - Actuarial Justification	Approved-Closed	No
Supporting Document	Outline of Coverage	Approved-Closed	Yes
Supporting Document	Statement of Variability	Approved-Closed	Yes
Supporting Document	Partnership Certification	Approved-Closed	Yes
Form	Group Master Policy	Approved-Closed	Yes
Form	Certificate	Approved-Closed	Yes
Form	Table of Contents	Approved-Closed	Yes
Form	Certificate Schedule	Approved-Closed	Yes
Form	Modal Premium Disclosure	Approved-Closed	Yes
Form	Modal Premium Disclosure	Approved-Closed	Yes
Form	General Definitions	Approved-Closed	Yes
Form	Period of Coverage	Approved-Closed	Yes
Form	Premiums and Renewal	Approved-Closed	Yes
Form	General Provisions	Approved-Closed	Yes
Form	Replacement Provsions	Approved-Closed	Yes
Form	Claims Provisions	Approved-Closed	Yes
Form	Exclusions and Limitations	Approved-Closed	Yes
Form	Benefit Provisions	Approved-Closed	Yes
Form	Privileged Care Coordination	Approved-Closed	Yes
Form	Nursing Facility Benefit	Approved-Closed	Yes
Form	Assisted Living Facility Benefit	Approved-Closed	Yes
Form	Assisted Living Facility Benefit	Approved-Closed	Yes
Form	Bed Reservation Benefit	Approved-Closed	Yes
Form	Bed Reservation Benefit	Approved-Closed	Yes
Form	Home and Community Care Benefit	Approved-Closed	Yes
Form	Home and Community Care Benefit	Approved-Closed	Yes
Form	Home Assistance Benefit	Approved-Closed	Yes
Form	Informal Care Benefit	Approved-Closed	Yes
Form	Transition Benefit	Approved-Closed	Yes
Form	Hospice Care Benefit	Approved-Closed	Yes
Form	Respite Care Benefit	Approved-Closed	Yes
Form	Alternate Care Benefit	Approved-Closed	Yes
Form	Restoration Benefit	Approved-Closed	Yes

Company Tracking Number:

Form

Form

Rate

TOI: LTC03G Group Long Term Care Sub-TOI: LTC03G.001 Qualified

Product Name: Mega 2.0

Product Name:	Mega 2.0	
Project Name/Number:	Mega 2.0/7053POL	
Form	International Nursing Facility Benefit Approx	ved-Closed Yes
Form	International Coverage Benefit Approx	ved-Closed Yes
Form	Waiver Premium Benefit Approx	ved-Closed Yes
Form	Graded Refund of Premium on Death Approx	ved-Closed Yes
	Benefit	
Form	• •	ved-Closed Yes
	Benefit	
Form	Nonforfeiture Benefit Approx	ved-Closed Yes
Form	Contingent Nonforfeiture Benefit Approx	ved-Closed Yes
Form	Graded Refund of Premium Rider Approx	ved-Closed Yes
Form	10 Yr Refund of Premium Rider Approx	ved-Closed Yes
Form	Nonforfeiture Benefit Rider Approx	ved-Closed Yes
Form	Shared Coverage Rider Approx	ved-Closed Yes
Form	10 Year Survivorship Rider Approx	ved-Closed Yes
Form	Enhanced Survivorship Rider Approx	ved-Closed Yes
Form	Informal Care Benefit Rider Approx	ved-Closed Yes
Form	Transition Benefit Rider Approx	ved-Closed Yes
Form	Restoration Benefit Rider Approx	ved-Closed Yes
Form	To Age 65 Premium Payment Approx	ved-Closed Yes
	Endorsement	
Form	10 Year Premium Payment Endorsement Approv	ved-Closed Yes
Form	Wellness Endorsement Approx	ved-Closed Yes
Form	Group Master Application Approx	ved-Closed Yes
Form	Outline of Coverage Approx	ved-Closed Yes
Form	Personal Worksheet Approx	ved-Closed Yes
Form	Replacement Notice Approx	ved-Closed Yes

Potential Rate Increase Disclosure

Long Form Application

7053 Rates

Approved-Closed

Approved-Closed

Approved-Closed

Yes

Yes

Yes

Company Tracking Number:

TOI: LTC03G Group Long Term Care Sub-TOI: LTC03G.001 Qualified

Product Name: Mega 2.0

Project Name/Number: Mega 2.0/7053POL

Form Schedule

Lead Form Number: 7053POL

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
Approved- Closed 06/20/2011	7053POL	Policy/Cont Group Master Policy ract/Fratern al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		53.300	7053POL.pdf
Approved- Closed 06/20/2011	7053CRT	Certificate Certificate	Initial		58.100	7053CRT.pdf
	7053CRT- TOC	Certificate Table of Contents Amendmen t, Insert Page, Endorseme nt or Rider	Initial		58.100	7053CRT- TOC.pdf
Approved- Closed 06/20/2011	7053CRT- SCH	Certificate Certificate Schedule Amendmen t, Insert Page, Endorseme nt or Rider	Initial		58.100	7053CRT- SCH.pdf
Approved- Closed 06/20/2011	7053CRT- APD	Certificate Modal Premium Amendmen Disclosure t, Insert Page, Endorseme nt or Rider	Initial		58.100	7053CRT- APD.pdf
Approved-	7053CRT-	Certificate Modal Premium	Initial		58.100	7053CRT-

GEFA-127125383 SERFF Tracking Number: State: Arkansas Filing Company: Genworth Life Insurance Company State Tracking Number: 48834 Company Tracking Number: TOI: LTC03G Group Long Term Care Sub-TOI: LTC03G.001 Qualified Product Name: Mega 2.0 Mega 2.0/7053POL Project Name/Number: **MPD** MPD.pdf Closed Amendmen Disclosure 06/20/2011 t, Insert Page, Endorseme nt or Rider Approved- 7053CRT- Certificate General Definitions 7053CRT-Initial 58.100 Closed DEF.pdf **DEF** Amendmen 06/20/2011 t, Insert Page, Endorseme nt or Rider Approved- 7053CRT- Certificate Period of Coverage Initial 7053CRT-58.100 Closed POC Amendmen POC.pdf 06/20/2011 t, Insert Page, Endorseme nt or Rider Approved- 7053CRT- Certificate Premiums and Initial 7053CRT-58.100 Closed **PREM** Amendmen Renewal PREM.pdf 06/20/2011 t, Insert Page, Endorseme nt or Rider Approved- 7053CRT- Certificate General Provisions Initial 7053CRT-58.100 Closed **GEN** Amendmen GEN.pdf 06/20/2011 t, Insert Page, Endorseme nt or Rider Approved- 7053CRT- Certificate Replacement Initial 7053CRT-58.100 Closed **REP Amendmen Provsions** REP.pdf 06/20/2011 t, Insert Page, Endorseme nt or Rider Approved- 7053CRT- Certificate Claims Provisions Initial 7053CRT-58.100 Closed CP Amendmen CP.pdf 06/20/2011 t, Insert

GEFA-127125383 SERFF Tracking Number: State: Arkansas Filing Company: Genworth Life Insurance Company State Tracking Number: 48834 Company Tracking Number: TOI: LTC03G Group Long Term Care Sub-TOI: LTC03G.001 Qualified Product Name: Mega 2.0 Mega 2.0/7053POL Project Name/Number: Page, Endorseme nt or Rider Approved- 7053CRT- Certificate Exclusions and Initial 58.100 7053CRT-Closed EX **Amendmen Limitations** EX.pdf 06/20/2011 t, Insert Page, Endorseme nt or Rider Approved- 7053CRT- Certificate Benefit Provisions Initial 58.100 7053CRT-EL Closed Amendmen EL.pdf 06/20/2011 t, Insert Page, Endorseme nt or Rider Approved- 7053CRT- Certificate Privileged Care Initial 58.100 7053CRT-Closed **PCC Amendmen Coordination** PCC.pdf 06/20/2011 t, Insert Page, Endorseme nt or Rider Approved- 7053CRT- Certificate Nursing Facility Initial 7053CRT-58.100 Closed NF NF.pdf Amendmen Benefit 06/20/2011 t, Insert Page, Endorseme nt or Rider 7053CRT-Approved- 7053CRT- Certificate Assisted Living Initial 58.100 Closed **ALFV** Amendmen Facility Benefit ALFV.pdf 06/20/2011 t, Insert Page, Endorseme nt or Rider Approved- 7053CRT- Certificate Assisted Living Initial 7053CRT-58.100 Closed **ALF** Amendmen Facility Benefit ALF.pdf 06/20/2011 t, Insert Page, Endorseme

SERFF Tracking Number:	GEFA-127125383	State: Arkansas		
Filing Company:	Genworth Life Insurance Company	State Tracking Number:	48834	
Company Tracking Number:				
TOI:	LTC03G Group Long Term Care	Sub-TOI:	LTC03G.001 Qualified	
Product Name:	Mega 2.0			
Project Name/Number:	Mega 2.0/7053POL nt or Rider			
Approved- 7053CRT- Closed BR 06/20/2011	Certificate Bed Reservation Amendmen Benefit t, Insert Page, Endorseme nt or Rider	Initial	58.100	7053CRT- BR.pdf
Approved- 7053CRT- Closed BRNF 06/20/2011	Certificate Bed Reservation Amendmen Benefit t, Insert Page, Endorseme nt or Rider	Initial	58.100	7053CRT- BRNF.pdf
Approved- 7053CRT- Closed HCF 06/20/2011	Certificate Home and Amendmen Community Care t, Insert Benefit Page, Endorseme nt or Rider	Initial	58.100	7053CRT- HCF.pdf
Approved- 7053CRT- Closed HCFI 06/20/2011	Certificate Home and Amendmen Community Care t, Insert Benefit Page, Endorseme nt or Rider	Initial	58.100	7053CRT- HCFI.pdf
Approved- 7053CRT- Closed HA 06/20/2011	Certificate Home Assistance Amendmen Benefit t, Insert Page, Endorseme nt or Rider	Initial	58.100	7053CRT- HA.pdf
Approved- 7053CRT- Closed INFC 06/20/2011		it Initial	58.100	7053CRT- INFC.pdf
Approved- 7053CRT-	Certificate Transition Benefit	Initial	58.100	7053CRT-

GEFA-127125383 SERFF Tracking Number: State: Arkansas Filing Company: Genworth Life Insurance Company State Tracking Number: 48834 Company Tracking Number: TOI: LTC03G Group Long Term Care Sub-TOI: LTC03G.001 Qualified Product Name: Mega 2.0 Mega 2.0/7053POL Project Name/Number: **TRN** TRN.pdf Closed Amendmen 06/20/2011 t, Insert Page, Endorseme nt or Rider Approved- 7053CRT- Certificate Hospice Care Benefit Initial 7053CRT-58.100 Closed HOS.pdf HOS Amendmen 06/20/2011 t, Insert Page, Endorseme nt or Rider Approved- 7053CRT- Certificate Respite Care Benefit Initial 7053CRT-58.100 Closed **RES** Amendmen RES.pdf 06/20/2011 t, Insert Page, Endorseme nt or Rider Approved- 7053CRT- Certificate Alternate Care Initial 7053CRT-58.100 Closed **ALT** Amendmen Benefit ALT.pdf 06/20/2011 t, Insert Page, Endorseme nt or Rider Approved- 7053CRT- Certificate Restoration Benefit Initial 7053CRT-58.100 Closed RB Amendmen RB.pdf 06/20/2011 t, Insert Page, Endorseme nt or Rider Approved- 7053CRT- Certificate International Nursing Initial 7053CRT-58.100 Closed **INF** Amendmen Facility Benefit INF.pdf 06/20/2011 t, Insert Page, Endorseme nt or Rider Approved- 7053CRT- Certificate International Initial 7053CRT-58.100 Closed IC Amendmen Coverage Benefit IC.pdf 06/20/2011 t, Insert

GEFA-127125383 SERFF Tracking Number: State: Arkansas Filing Company: Genworth Life Insurance Company State Tracking Number: 48834 Company Tracking Number: TOI: LTC03G Group Long Term Care Sub-TOI: LTC03G.001 Qualified Product Name: Mega 2.0 Mega 2.0/7053POL Project Name/Number: Page, Endorseme nt or Rider Approved- 7053CRT- Certificate Waiver Premium Initial 58.100 7053CRT-WP Closed Amendmen Benefit WP.pdf 06/20/2011 t, Insert Page, Endorseme nt or Rider Approved- 7053CRT- Certificate Graded Refund of Initial 58.100 7053CRT-Closed **GRP** Amendmen Premium on Death GRP.pdf 06/20/2011 **Benefit** t, Insert Page, Endorseme nt or Rider Approved- 7053CRT- Certificate 10 Yr Refund of Initial 58.100 7053CRT-RP10 Closed Amendmen Premium on Death RP10.pdf 06/20/2011 t, Insert **Benefit** Page, Endorseme nt or Rider Approved- 7053CRT- Certificate Nonforfeiture Benefit Initial 7053CRT-58.100 Closed **NFO** NFO.pdf Amendmen 06/20/2011 t, Insert Page, Endorseme nt or Rider 7053CRT-Approved- 7053CRT- Certificate Contingent Initial 58.100 Closed **CNF** Amendmen Nonforfeiture Benefit CNF.pdf 06/20/2011 t, Insert Page, Endorseme nt or Rider Approved- 7053RDR- Certificate Graded Refund of Initial 7053RDR-65.700 Closed **GRP** Amendmen Premium Rider GRP.pdf 06/20/2011 t, Insert Page, Endorseme

GEFA-127125383 SERFF Tracking Number: State: Arkansas Filing Company: Genworth Life Insurance Company State Tracking Number: 48834 Company Tracking Number: TOI: LTC03G Group Long Term Care Sub-TOI: LTC03G.001 Qualified Product Name: Mega 2.0 Mega 2.0/7053POL Project Name/Number: nt or Rider Approved- 7053RDR- Certificate 10 Yr Refund of Initial 7053RDR-69.200 Closed RP10 Amendmen Premium Rider RP10.pdf 06/20/2011 t, Insert Page, Endorseme nt or Rider Approved- 7053RDR- Certificate Nonforfeiture Benefit Initial 65.800 7053RDR-Closed **NFO** Amendmen Rider NFO.pdf 06/20/2011 t, Insert Page, Endorseme nt or Rider Approved- 7053RDR- Certificate Shared Coverage Initial 70.800 7053RDR-Closed SC Amendmen Rider SC.pdf 06/20/2011 t, Insert Page, Endorseme nt or Rider Approved- 7053RDR- Certificate 10 Year Survivorship Initial 7053RDR-69.300 Closed SURV10 SURV10.pdf Amendmen Rider 06/20/2011 t, Insert Page, Endorseme nt or Rider Approved- 7053RDR- Certificate Enhanced Initial 67.600 7053RDR-Closed **ESURV** Survivorship Rider ESURV.pdf 06/20/2011 7053RDR-Approved- 7053RDR- Certificate Informal Care Benefit Initial 60.800 Amendmen Rider INFC.pdf Closed **INFC** 06/20/2011 t, Insert Page, Endorseme nt or Rider Approved- 7053RDR- Certificate Transition Benefit Initial 7053RDR-63.600 Closed **TRN** Amendmen Rider TRN.pdf 06/20/2011 t, Insert Page,

SERFF Tracking Number:	GEFA-127125383	State:	Arkansas	
Filing Company:	Genworth Life Insurance Company	State Tracking Number:	48834	
Company Tracking Number:				
TOI:	LTC03G Group Long Term Care	Sub-TOI:	LTC03G.001 Qualified	
Product Name:	Mega 2.0			
Project Name/Number:	Mega 2.0/7053POL Endorseme nt or Rider			
Approved- 7053RDR- Closed RB 06/20/2011	Certificate Restoration Benefit Amendmen Rider t, Insert Page, Endorseme nt or Rider	Initial	59.900	7053RDR- RB.pdf
Approved- 7053END- Closed LP65 06/20/2011	Certificate To Age 65 Premium Amendmen Payment t, Insert Endorsement Page, Endorseme nt or Rider	Initial	64.400	7053END- LP65.pdf
Approved- 7053END- Closed LP10 06/20/2011	Certificate 10 Year Premium Amendmen Payment t, Insert Endorsement Page, Endorseme nt or Rider	Initial	64.300	7053END- LP10.pdf
Approved- 7053END- Closed WE 06/20/2011	Certificate Wellness Amendmen Endorsement t, Insert Page, Endorseme nt or Rider	Initial	50.300	7053END- WE.pdf
Approved- 7053MA Closed 06/20/2011	Application/Group Master Enrollment Application Form	Initial	60.200	7053MA.pdf
Approved- 7053-OL Closed 06/20/2011	Outline of Outline of Coverage Coverage	Initial	51.600	7053-OL.pdf
Approved- 115754 Closed 06/20/2011	Other Personal Worksheet	: Initial	0.000	115754_0404 11_statefile[2] .pdf
Approved- 43472 Closed 04/04/11 06/20/2011	Other Replacement Notice	Initial	0.000	43472_04041 1_statefile.pdf

Company Tracking Number:

TOI: LTC03G Group Long Term Care Sub-TOI: LTC03G.001 Qualified

Product Name: Mega 2.0

Project Name/Number: Mega 2.0/7053POL

Approved- 45912 Other Potential Rate Initial 0.000 45912_04041 Closed 04/04/11 Increase Disclosure 1_statefile.pdf

06/20/2011

Approved- 37613 0311 Application/Long Form Initial 50.300 37613 0311

Closed Enrollment Application Standard.pdf

06/20/2011 Form

GENWORTH LIFE INSURANCE COMPANY

A Stock Insurance Company (herein called We, Us and Our)
[Administrative Office: 3100 Albert Lankford Drive, Lynchburg, VA 24501 Phone: 888-325-5433]

GROUP LONG TERM CARE INSURANCE POLICY ("Group Policy")

DECLARATIONS

Policyholder: [XYZ Employer/Association]

Group Policy Number: [XXXXXX]

Group Policy Effective Date: [January 1, 2012]

Group Policy Issued In: [State]

Group Policy Anniversary Dates: [January 1 of 2013] and each succeeding year

Premium Due Dates: [The Group Policy Effective Date and the first day of

each succeeding month]

[xx] years from the Group Policy Effective Date]

This Group Policy is issued in consideration of payment of any required Premium, as stated in the Premium Rate Schedule, and any applicable Application. We will provide Coverage to the Policyholder and any Insured in accordance with the terms, provisions and conditions of this Group Policy and its Certificate(s).

This Group Policy becomes effective on the Group Policy Effective Date. All time periods under this Group Policy start and end at 12:01 a.m. Eastern Time in the United States.

Signed for Genworth Life Insurance Company.

Secretary

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NOTICES: PLEASE READ CAREFULLY!

President and CEO, Long Term Care Division

This Group Policy, and any Certificate(s) issued hereunder, may not cover all of the costs associated with long term care incurred during the period of Coverage. The buyer is advised to review carefully all Policy limitations.

Neither this Group Policy, nor any Certificate issued hereunder, is a Medicare Supplement Policy. If a person is eligible for Medicare, the Guide to Health Insurance for People with Medicare is available from Us for review.

TAX DISCLOSURE: This Group Policy is intended to be a federally tax-qualified long term care insurance contract under Section 7702B(b) of the Internal Revenue Code of 1986, (as amended by the Health Insurance Portability and Accountability Act of 1996 - Public Law 104-191).

NOTE: The Insurance Department, or similar regulating body, of the State in which this Group Policy is issued does not in any way warrant that this Group Policy meets the requirements of Section 7702B(b) of the Internal Revenue Code of 1986, as amended.

The Group Policy is non-participating.

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GENERAL DEFINITIONS

This section provides the definitions of words used in this Group Policy that have a special meaning when applied to this Group Policy. Additional definitions may also appear in this Group Policy where they can assist Policyholder in understanding related text. To help Policyholder recognize defined terms, they are printed in **bold** where they are defined and the first letter of each word is capitalized wherever it appears.

Application means the written or electronic form(s) provided by Us and completed and signed, in written or electronic form, by Policyholder.

Benefits mean each of the benefits identified in the Certificate's Schedule under "Benefits and Services Provided." Benefits may change in accordance with the terms of the Certificate.

Certificate means the certificate issued to each Insured under this Group Policy, including all applicable Application(s), and any riders, endorsements, amendments and attachments. It evidences Coverage an Insured has under this Group Policy, including Continuation Coverage described in the Period of Coverage section.

Coverage means the Benefits available to an Insured under the Group Policy, as evidenced by the Insured's Certificate.

Covered Care means those Qualified Long Term Care Services for which Benefits are payable, or would be payable in the absence of an Elimination Period or payment limits.

Covered Expenses means costs an Insured incurs for Covered Care. Each Benefit under the Certificate defines the Covered Expenses under that Benefit. An expense is considered to be incurred on the day on which the care, service or other item forming the basis for it is received by the Insured.

Direct Billed means the obligation an Insured has to pay any Premium directly to Us or Our administrator in order to maintain Coverage under the Insured's Certificate when the Policyholder is not paying Premium on the Insured's behalf.

Elimination Period means the length of time, as determined in an Insured's Schedule before the Insured is entitled to Benefits under the Coverage. The Insured's Schedule describes how the Elimination Period is satisfied and whether it is based on calendar days or days on which an Insured receives Covered Care. Each Benefit provided for under the Certificate states the extent to which Coverage is subject to the Elimination Period.

Days used to satisfy the Elimination Period do not need to be consecutive; and can be accumulated over time. Once satisfied, an Insured will never have to satisfy a new Elimination Period for Coverage.

Covered Care an Insured receives and related Covered Expenses that are otherwise excluded from Coverage because of the Non-Duplication or Coordination With Other Coverage provisions as provided for in the Certificate may be used to satisfy this requirement.

Group Policy means the policy issued under the Group Policy Number shown on the Declarations page of this Group Policy.

Insured means each individual that is issued a Certificate under this Group Policy.

Medicare means the Health Insurance for the Aged Act, Title XVIII of the Social Security Amendments of 1965, as then constituted or later amended.

Policyholder means the entity named as the Policyholder on the Declarations page of this Group Policy.

Premium means the premium identified in the Premium Rate Schedule, as attached to the Schedule of Exhibits of this Group Policy, or where noted, as reflected in the Schedule of an Insured's Certificate. Premium may change in accordance with the terms of this Group Policy.

Premium Due Date means the end of the period for which a Premium payment provides Coverage and the date on which Premium is due to be paid to Us.

Qualified Long Term Care Services means necessary diagnostic, preventive, therapeutic, curing, treating, mitigating, and rehabilitative services and maintenance or personal care services which:

- are required by a Chronically III Individual; and
- are provided pursuant to a Plan of Care prescribed by a Licensed Health Care Practitioner.

As used above, "maintenance or personal care services" means any care the primary purpose of which is the provision of needed assistance with any of the disabilities as a result of which an Insured is Chronically III. This includes protection from threats to health and safety due to Severe Cognitive Impairment.

Note: To be eligible for Coverage it is not sufficient for the care and services to only be Qualified Long Term Care Services. Such care and services must also meet the definition of Covered Care.

Schedule means the section of an Insured's Certificate that states an Insured's Coverage features and limits as of the original Certificate Effective Date, and as may be changed over time. Changes in an Insured's Schedule may be made by rider.

Spouse or Partner means the person to whom an Insured:

- is joined by marriage; or
- is joined by a relationship legally recognized under State law as entitled to the same rights and benefits of married persons[; or
- live in a committed relationship. He or she can be unrelated to the Insured, or a relative in the Insured's same family generation (such as the Insured's brother, sister or first cousin). The Insured and such person cannot be joined to anyone else by: (a) marriage; or (b) a relationship legally recognized under State law].

State, unless otherwise indicated, refers to the District of Columbia, any territory or possession of the United States, or any one of the 50 states (or commonwealths) within the United States.

Unearned Premium equals A multiplied by [B divided by C] (Ax[B/C]), where:

- A = The total Premium paid during the Coverage Period.
- B = The number of days remaining in the Coverage Period after the Insured's Coverage has ended.
- C = The total number of days in the Coverage Period.

The amount of Unearned Premium will be rounded to the nearest penny. There is no Unearned Premium for Coverage which has become paid-up.

As used above, **Coverage Period** is the period that begins on the most recent Premium Due Date and ends on the next Premium Due Date.

United States includes all fifty (50) States, the District of Columbia and any territory or possession recognized by the United States as a territory or possession of the United States.

We, Us, Our and the Company mean Genworth Life Insurance Company.

GENERAL PROVISIONS

Contract

This Group Policy constitutes the entire contract between the Policyholder and Us. While this Group Policy is in force, it determines governing contractual provisions between the Policyholder and Us. No change in the Group Policy or this Group Policy is valid until and unless approved in writing by one of Our officers. That approval must be noted on, or attached to, this Group Policy. No agent or producer has the authority to change the Group Policy, or any Certificate, or waive any of their provisions.

Payment of Premium following:

- a change to Coverage requested by Policyholder; or
- a change in Premium as provided in Our Right to Change Premiums provision; shall constitute acceptance by Policyholder of any such change.

The Group Policy consists of:

- the Declarations page;
- the Table of Contents page;
- the General Definitions,
- these General Provisions;
- the Premium Provisions;
- the Discontinuance Provisions
- the Group Policy's Application(s) and any supplements thereto;
- any Group Policy Riders and Endorsements;
- the Schedule of Exhibits, which includes the Group Policy Eligibility Schedule(s), Benefits Master Schedule(s), Premium Rate Schedule(s) and all applicable Certificate form(s), Riders and Endorsements.

Governing Jurisdiction

The Group Policy is governed by the laws of the State where this Group Policy is issued, as stated in the Declarations page of this Group Policy.

Incontestability/Misstatements

We will not contest the validity of the Group Policy after it has been in force two (2) years, except for nonpayment of Premium. Benefits We pay will not be recovered by Us if the Group Policy is rescinded.

We may also have the right to deny benefits or rescind an Insured's Coverage as provided for in the Misstatements and Incontestability provision of the Insured's Certificate.

Certificates

We will furnish an individual Certificate for delivery to each Insured. The Certificate will include a description of the following:

- the Benefits and Coverage available;
- Premium and renewal requirements;
- the applicable exclusions and limitations;
- information regarding filing a Claim for the payment of Benefits;
- other important information regarding the Coverage .

Non-Participating; Dividends Not Payable

This Group Policy does not participate in Our profits or surplus earnings; has no cash values; and will not pay dividends at any time.

Coverage Under The Group Policy

This Group Policy is issued to the Policyholder, whose acceptance is evidenced by the signed Application for this Group Policy and payment of any required Premium. No Coverage under this Group Policy shall take effect:

- unless it is approved by Us in writing;
- before the Group Policy Effective Date stated in the Declarations page; nor
- after the date We cease to offer such Coverage under this Group Policy as provided in the Discontinuation Provisions.

Information To Be Furnished

The Policyholder and each Insured will furnish Us with all information, which We reasonably require from time to time, related to the Coverage provided and any reporting requirements imposed under applicable law. This includes information that will enable Us to determine Premium and an Insured's eligibility for Coverage.

The Policyholder will allow Us to inspect all documents, books and records which relate to Premium, eligibility for Coverage, and an Insured's Coverage under this Group Policy.

On, or prior to January 31st of each year, We will furnish copies of any information We are required to report to the Internal Revenue Service. The information:

- will be given to each Insured where Benefits have been paid during the preceding year;
 and
- will show the aggregate amount of Benefits paid to an Insured.

We may also prepare and report other information required by law or regulation.

Group Policy Changes

The Group Policy may be changed at any time by written agreement between the Policyholder and Us without the consent of any other person. No change in this Group Policy is valid until and unless approved in writing by one of Our officers. That approval must be noted on, or attached to, this Group Policy. No agent or producer has the authority to change the Group Policy or any Certificate or waive any of their provisions. We may amend this Group Policy unilaterally, without Policyholder's written consent, if:

- the Policyholder has made a written request to amend this Group Policy and We have agreed to such amendment;
- the amendment is required so that this Group Policy will conform to any law, regulation or ruling of:
 - any State that affects this Group Policy or any Insured covered under the Group Policy; or
 - the federal government.
- We change the Premium in accordance with the terms of this Group Policy.

Persons Eligible for Coverage

A person who is a member of an Eligible Class defined in the Group Policy Eligibility Schedule attached to this Group Policy can apply for the Coverage available for such Eligible Class under this Group Policy. The person must apply for Coverage while a member of his or her Eligible Class. We must be provided with proof of insurability, in a form and manner We specify and that is satisfactory to Us.

If the information provided to Us by Policyholder or an Insured incorrectly identifies a person as being eligible, We have the right to deny benefits or rescind that person's Coverage as provided for in the Clerical Error and Misstatement of Eligibility provision.

Coverage Limitation

We reserve the right to limit the initial Coverage amounts for an Insured based on Our maximum issue limits in effect at the time the Certificate is issued, as determined from the Benefits Master Schedule. These limitations may take into consideration other coverage the Insured may have under another long term care insurance policy or certificate.

Conformity With Internal Revenue Code

If on its effective date, this Group Policy does not comply with the requirements of Section 7702B(b) of the Internal Revenue Code of 1986, it will be treated as if it had been changed to comply with those requirements. We will inform the Policyholder (and when applicable, each Insured) in writing of any required change in the provisions of this Group Policy.

Currency

All payments by, or to, Us will be in the lawful money of the United States of America.

No Cash Values, Borrowing, Or Use As Collateral

Coverage provided under this Group Policy does not provide for a cash surrender value, or other money that can be: borrowed; or paid, assigned or pledged as collateral for a loan.

Communications Through Electronic Means Or Other Technologies

We reserve the right to designate the form and means of all communications, notices or proofs required by this Group Policy or any Certificate. If We agree, the Policyholder or an Insured may contact Us about this Group Policy using electronic means or other technologies. If the Policyholder or an Insured agrees, We may contact the Policyholder or Insured regarding this Group Policy or the Certificate using electronic means or other technologies. Except where prohibited by State or federal law, electronic communications have the same legal effect, validity and enforceability as other forms of communication.

Clerical Error and Misstatement of Eligibility

Clerical error, misstatement as to an Insured's eligibility, or delays in making entries on the records by Policyholder or Us:

- will not void an Insured's Coverage if an Insured's Coverage would otherwise have been in effect; and
- will not cause an Insured to become insured if they are otherwise not eligible; and
- will not extend Coverage if Coverage would otherwise have ended or been reduced.

If a clerical error or misstatement is found, Premium and/or Benefits will be adjusted based on the true facts and the provisions of this Group Policy or the Certificate.

PREMIUM PROVISIONS

Premium Rates

The initial Premium rates appear in the Premium Rate Schedule attached to this Group Policy. They can be changed as shown in these Premium Provisions. Premium for each Insured will be based on his or her age as shown in the Insured's Certificate.

[Premium Rate Guarantee

Premium rates are guaranteed only for the Rate Guarantee Period, if any, shown on the Declarations page of this Group Policy. This guarantee does not apply to a rate change due to a change in the terms of Coverage, in benefits, in eligible classes, or a change in the terms of the Group Policy required by any law, regulation, judicial or administrative order or decision.

At the expiration of the Rate Guarantee Period, We may change Premium as stated in the Right to Change Premium provision.]

Payment Of Premiums And Grace Period

The total Premium due on any Premium Due Date will be the sum of the Premiums due for the Coverage provided for all Insureds. The Policyholder is responsible for submitting all Premium except those for Insureds who are Direct Billed. Insureds who are Direct Billed, must pay their Premium directly to Us or Our insurance administrator as specified in the Insured's Certificate. When the Policyholder is responsible for paying Premium, Premium must be paid within [31/45/60] days of the Premium Due Date. If Premium is not paid within the specified period, the Grace Period provisions will apply.

Premiums will be determined in accordance with the Premium Rate Schedule.

Grace Period

The Grace Period is the period of time specified below during which any unpaid Premium payment, after the First Premium, must be paid in order to keep this Group Policy from being discontinued in accordance with the Discontinuance Provisions. This Group Policy will remain in effect during the Grace Period; however, Our failure to receive due and unpaid Premium by the end of the Grace Period will result in discontinuance of this Group Policy as of the Premium Due Date.

If on the Premium Due Date, the Premium payment has not been received by Us, the Grace Period will begin. After a period ending 31 days following the Premium Due Date, We will send a written notice of Discontinuance for non-payment of Premium to Policyholder at the address Policyholder has provided. This notice will explain that a Premium payment has been missed; and will show the Premium amount that Policyholder must pay no later than the end of the Grace Period so that this Group Policy is not discontinued in accordance with the Discontinuance Provision. This notice will provide an additional 35 days from the date the written notice was mailed to pay any due and unpaid Premium.

Right To Change Premium

[Subject to any applicable Premium Rate Guarantee,]We reserve the right to change Premium on or after any of the following dates:

- [the date the Rate Guarantee Period, if any, shown on the Declarations page of this Group Policy expires;]
- the date there is a change in benefits or eligibility for benefits under this Group Policy;
- the date there is a change in: benefits; the terms of Coverage; eligible classes; or a change in the terms of the Group Policy required by any law, regulation, judicial or administrative order or decision, including, but not limited to, changes in rating practices;
- the date We determine an increase is applicable when the change is required because of a change in the factors bearing on the risk assumed, or Our estimates for future cost factors;

 the date We determine an increase is applicable when the change is required because of actual or expected experience. A change in Premium rates due to experience may occur only once during any 12 month period.

We can change Premium either on a Group Policy or class basis; but only if We change Premium for all similar Certificates issued under this Group Policy in the same state as an Insured's Certificate. Written notice of any such change in Premium will be given to Policyholder [60/90/120/180] days before the effective date of the change.

Premium will not change due to a change in an Insured's age, health, or use of benefits. A change in Premium may occur only once during any 12 month period.

DISCONTINUANCE PROVISIONS

Discontinuance Of The Offer Of Coverage Under The Group Policy

The Policyholder may elect to discontinue the offer of Coverage under this Group Policy for any, or all, Eligible Classes stated in the Group Policy Eligibility Schedule. We must be given 31 days advance written notice of any such election by Policyholder. The notice must provide Us with the date on which Policyholder has elected such discontinuance to take effect.

Following at least [31/60/90/180] days advance written notice to the Policyholder, We have the right to discontinue the offer of new or additional Coverage under the Group Policy:

- when the Group Policy is replaced;
- when the number of insured Eligible Persons is less than [2 20];
- with respect to Eligible Family Members if the number of Eligible Persons insured is less than [2 20] [;and
- with respect to any class or classes of Eligible Persons (including Eligible Family Members) any time after the most recent Rate Guarantee Period, if any, has expired].

Discontinuance For Failure To Pay Premium

This Group Policy may be discontinued for failure of the Policyholder to pay Premium in accordance with the requirements of Payment of Premiums and Grace Period provision of this Group Policy. This Group Policy may also be discontinued as of the effective date of a Premium increase if Policyholder provides Us with Prior written notice of such discontinuance.

Continuation Coverage

Discontinuance of this Group Policy shall not affect an Insured's right to continue any Coverage in effect at the time of the discontinuance. An Insured's Coverage is guaranteed renewable and may be continued in accordance with the Continuation Coverage provision in the Insured's Certificate even if this Group Policy is discontinued in accordance with the Discontinuance Provisions of this Group Policy.

An Insured must pay Us all Premium required for the continuation of the Insured's Coverage. The Premium for the continuation of the Insured's Coverage may change in the future as stated in the Premium and Renewal section of the Certificate.

[If Policyholder stops paying Premium for all or a portion of the Insured's Coverage for any reason, the Insured has the right to continue that Coverage by paying the Premium. In this event, We will send the Insured a notice giving the Insured the option to pay the difference in Premium and maintain the Insured's Coverage.]

SCHEDULE OF EXHIBITS

The Group Policy includes the following Exhibits and related forms and listings

- The Group Policy Eligibility Schedule.
- The Benefits Master Schedule.
- The Certificate Forms (including any applicable optional Riders and Endorsements and required version pages for specific States).
- The Premium Rate Exhibit.

GROUP POLICY ELIGIBILITY SCHEDULE

Group Policyholder: [XYZ Employer/Association]

Group Policy Number: [LTCG-XXXX]

Schedule Effective Date: [January 1, 2012]

ELIGIBILITY FOR COVERAGE

A person who is a member of an Eligible Class, as defined below, can apply for the Coverage available for such Eligible Class.

[All Eligible Persons and their Eligible Family Members as defined below who:

- are at least 18 years of age (or the age of majority if greater where the person resides);
- are, at the time of Application, less than [80] years of age [(this age limit does not apply to persons whose eligibility is based on being an employee);
- have a valid Social Security or individual Tax Identification Number from the United States government; and
- at the time of Application maintain a permanent residence in the United States of America, or one of its territories or possessions.

If We determine that residents of a State are prohibited by law from being insured under this Group Policy, such persons will not be included in the classes of persons eligible for Coverage.]

[Minimum Participation Requirements: The Group Policy will not take effect unless [at least the lesser of [3-10] or [5 - 20%] of eligible [employees][members] are enrolled on the effective date.]

[Coverage Limits: Each Insured is subject to the Company's maximum issue limits in effect on his or her Coverage Effective Date. These limitations may take into consideration other coverage the Insured may have under another long term care insurance policy or certificate.]

Eligible Class I: [All persons associated with the Policyholder in the manner described below. Coverage is on a [contributory] basis.]

- **[Employees:** All hourly or salaried employees of the Policyholder, other than members of Class II, who are Actively at Work on a full-time or part-time basis. Full-time means working for the Policyholder at least [40] hours per Week; part-time means working for the Policyholder at least [17.5] hours per Week. A Week is considered to start at 12;01 a.m. on Sunday and end at 12;01 a.m. on the following Sunday.]

[Actively at Work means You, the proposed Insured, are an employee who is performing the usual duties of Your job at the usual place of work as required by Your employer on a [full-time basis at least [30] hours each week]. You will be considered Actively at Work while on employer approved vacations, holidays and regularly scheduled days off, or during temporary business closures. You will not be considered to be Actively at Work if You are unable to perform Your usual duties due to a sickness, accident or injury or if You are on a leave of absence, a sabbatical or retired from the same employer.]

- **[Retirees:** Former employees of the Policyholder who have retired under the Policyholder's retirement or pension plan, and who satisfy the age and service requirements determined by the Policyholder.]
- [Members: All members in good standing with the Policyholder.]

[Eligible Class II: All persons associated with the Policyholder in the manner described below. Coverage is on a [non-contributory] basis.

- **Employees:** All employees of the Policyholder who are [in Job Category 8 or higher, and who are] Actively-at-Work employees.]

[Eligible Class III: All persons associated with the Policyholder in the manner described below. Coverage is on a [contributory] basis.

[Eligible Family Members

The members of an Eligible Person's family listed and described below.

- [Spouse or Partner of the Eligible Person.]
- [Surviving Spouse or Partner who is participating in a health benefits program or a retirement plan sponsored by the Policyholder and was a Spouse or Partner at the time of the Eligible Person's death.]
- [Adult Child (including a natural, step or adopted child) who has reached full legal age, with attendant rights and responsibilities.]
- [**Sibling** who is related to the Eligible Person or Spouse or Partner, as a brother, sister, , step-brother or step-sister.]
- [Parent of an Eligible Person or Spouse or Partner, including a natural parent, adoptive parent or step-parent.]
- **[Grandparent** of an Eligible Person or Spouse or Partner, including a natural grandparent, adoptive grandparent or step-grandparent.]

BENEFITS MASTER SCHEDULE

[Group Policyholder: [XYZ Employer/Association]

Schedule Effective Date: [January 1, 2012] Applicable To Class(es) I, II & III

COVERAGE FEATURES AND LIMITS

Coverage is provided for [the Covered Percentage of] Covered Expenses that are incurred after the Elimination Period has been satisfied. Payment is subject to the limits determined below and all other provisions of an Insured's Coverage.

[Covered Percentage [80% or 100% as applicable to the plan selected.]

The Covered Percentage is that portion of Covered Expenses for which Benefits may be payable under an Insured's Coverage.]

Elimination Period [30 or 90 days of Covered Care as applicable to the plan selected[*]. The Elimination Period is satisfied by days an Insured incurs a Covered Expense while the Insured is Chronically III.]

[*As an option, some plans may provide that there is no Elimination Period for the Home and Community Care Benefit. In addition, days for which payment is made under that Benefit will count towards satisfying the Elimination Period.]

Nursing Facility Maximum: [An amount from \$1,500 - \$12,000 per calendar month, to be purchased

in \$500 increments.]

Coverage Maximum: [Either "Unlimited" or an amount equal to 24, 36, 48, 60, 72, 96 or 120

times the monthly Nursing Facility Maximum, as applicable to the plan

selected.]

The Coverage Maximum and amounts based on the Nursing Facility Maximum are:

(a) increased when Benefit Increases apply; and (b) exhausted only when the total of all Benefits paid equals the then applicable maximum amount. Benefit Increases that apply are not affected by any Benefits paid for Covered Expenses incurred prior to the date the applicable maximum is exhausted.]

[The Coverage Maximum and amounts based on the Nursing Facility Maximum are: (a) reduced as payments are made for Covered Expenses; (b) increased when Benefit Increases apply; and (c) exhausted when they are reduced to zero.]

[Benefit Increases**: [None] will apply unless one of the following options is selected:

[5% Compound; 3% Compound; 5% Equal.]

Other plans, features, limits and options may be available in the future based on mutual written agreement between Us and Policyholder as provided for in the Group Policy Changes section of this Group Policy.]

^{**}The attached listing describes the above Benefit Increases that may be offered.]

BENEFITS MASTER SCHEDULE

(Continued)

[We Pay [the Covered Percentage of]
Benefits and Services Provided	Covered Expenses Up to these Limits (except where otherwise noted)
Privileged Care Coordination Services	• •
	. Nursing Facility Maximum per [day][calendar month]
Assisted Living Facility Benefit	• • • • • • • • • • • • • • • • • • • •
	per [day][calendar month]
Bed Reservation Benefit	
International [Coverage] [Nursing Facility] Benefit	As stated in the Renefit
Home and Community Care Benefit	
with [Incidental] Homemaker and Chore Care	
Home Assistance Benefit	
	[\$Y,YYY][X times the Nursing Facility Maximum]
[Informal Care Benefit	
[momal care Benefit	for 30 days per calendar year]
[Transition Benefit	
	[5 times][20% of] the Nursing Facility Maximum]]
Hospice Care Benefit	
Respite Care Benefit	
Alternate Care Benefit	
[Restoration Benefit	•
Waiver of Premium Benefit	
	od for which Benefits are payable under the: Nursing
	efit; Bed Reservation Benefit; Home and Community
Care Benefit; or Hospice Care Benefit.]	
	r Partner for Shared Coverage qualifies for Waiver of
Premium under either the Insured's Coverage o	
[10 Year Refund of Premium on Death Benefit	
[Graded Refund of Premium on Death Benefit	-
[Nonforfeiture Benefit	-
Contingent Nonforfeiture Benefit	. As stated in the Benefit
[Wellness Endorsement]	
The following Riders and Endorsements are attached	ed to, and included in, the Certificate.
Available Options	
[Nonforfeiture Benefit]	
[Shared Coverage Benefit [with] [without] Joint Wai	ver
[10 Year Survivorship Benefit]	
[Enhanced Survivorship Benefit -Qualification Period	d: [XX] years]
[10 Year Refund of Premium on Death Benefit]	
[Graded Refund of Premium on Death Benefit]	
[Restoration Benefit]	EVANOV CALLED IN THE UNION AND A
[Informal Care Benefit	
FTities Denetit	for 30 days per calendar year]
[Transition Benefit	
MO Ve on Drawing Decree of Early and G	[5 times][20% of] the Nursing Facility Maximum]]
[10 Year Premium Payment Endorsement]	
[To Age 65 Premium Payment Endorsement]	

The maximum total amount payable for all Covered Expenses incurred [on a day] [in a calendar month] is limited to the Nursing Facility Maximum. This does not apply to the Home Assistance Benefit and Alternate Care Benefit.]

CERTIFICATE FORMS

[See the attached copies of applicable forms.][The following forms are based on the State of issue for the Group Policy and will be used for Certificates furnished to residents of any available State that is not an Extra-territorial State.

Certificate Forms

Form Number	Form Title	
[7053CRT	Declarations	
7053CRT-TOC	Table of Contents	
7053CRT-SCH	Schedule	

7053CRT-MPD Modal Premium Disclosure

7053CRT-DEF
7053CRT-POC
7053CRT-PREM
7053CRT-GEN
7053CRT-CP
7053CRT-CP
7053CRT-EX
Representations
Representati

7053CRT-EL Benefit Provisions

7053CRT-PCC Privileged Care Coordination 7053CRT-NF Nursing Facility Benefit

7053CRT-ALF Assisted Living Facility Benefit
7053CRT-BR Bed Reservation Benefit
7053CRT-IC International Coverage Benefit
7053CRT-HCFI Home and Community Care Benefit

7053END-WE Wellness Endorsement

[Options Available by Rider or Endorsement

7053RDR-NFO Nonforfeiture Benefit Rider

7053RDR-SURV10 10 Year Survivorship Benefit Rider 7053RDR-ESURV7 Enhanced Survivorship Benefit Rider

7053END-LP65 To Age 65 Premium Payment Endorsement 7053END-LP10 10 Year Premium Payment Endorsement]

[EXCEPTIONS:

NONE]

[NOTE: See next page for states available with Extra-territorial exceptions.]

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[Extra-territorial States - State Variation Certificate Forms

The following forms will be used as required for Certificates furnished to residents of available Extraterritorial states. Standard version certificate forms apply to any Extra-territorial state that does not use a state version of the form.

Form Number	Form Title
State A	
7053CRT-ALF SA	Assisted Living Facility Benefit – State A
7053CRT-IC SA	International Coverage Benefit - State A
7053CRT-EX SA	Exclusions & Limitations - State A
7053CRT-CP SA	Claims Provisions - State A
State B	
7053CRT SB	Certificate Face Page – State B
7053CRT-PREM SB	Premiums and Renewal - State B
7053CRT-GEN SB	General Provisions - State B
7053CRT-CP SB	Claims Provisions - State B
7053CRT-EX SB	Exclusions & Limitations - State B
7053CRT-EL SB	Benefit Provisions - State B
7053CRT-HCFI SB	Home & Community Care Benefit - State B
State C	
7053CRT SC	Certificate Face Page - State C
7053CRT-SCH SC	Certificate Schedule - State C
7053CRT-PREM SC	Premiums and Renewal - State C
7053CRT-CP SC	Claims Provisions - State C

Optional Rider Forms - State Variations (not previously listed)

7053RDR-LP65 SA To Age 65 Premium Payment Rider - State A 7053RDR-LP10 SA 10 Year Premium Payment Rider - State A

Standard Version Certificate Forms (not previously listed)
7053CRT-DEF General Definitions - Standard
7053CRT-HOS Hospice Care Benefit - Standard

Optional Rider Forms (not previously listed)

NONE]

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GENWORTH LIFE INSURANCE COMPANY

A Stock Insurance Company (herein called We, Us and Our) [Administrative Office: 3100 Albert Lankford Drive, Lynchburg, VA 24501 Phone: 888-325-5433]

LONG TERM CARE INSURANCE CERTIFICATE

Policyholder Insured [XYZ Employer/Trustee of the XXX Employer Trust]

[Participating Employer: XYZ Employer]

[John Q. Doe]

DECLARATIONS

This Certificate has been issued to You (the Insured named above) under the terms of the Group Policy issued to the Policyholder shown above. Your Coverage is subject to the terms of the Group Policy and this Certificate; and may be continued until this Certificate terminates and Your Coverage ends (as described in the Period of Coverage section). Keep this Certificate in a safe place with Your other legal documents.

CAUTION: The issuance of this Certificate is based upon Your responses to the questions on any Application You have submitted. A copy of Your Application, if any, is attached to this Certificate. If Your answers are incorrect or untrue, We may have the right to deny Benefits or rescind Your Coverage subject to the Misstatements and Incontestability provision. The best time to clear up any questions is now, before a claim arises. If, for any reason, any of Your answers are incorrect, contact Us at the address and telephone number shown above.

NOTICE TO BUYER: The Group Policy may not cover all of the costs associated with long term care incurred by the buyer during the period of coverage. The buyer is advised to review carefully all coverage limitations.

THE GROUP POLICY IS NOT A MEDICARE SUPPLEMENT POLICY. If You are eligible for Medicare, review the Guide to Health Insurance for People with Medicare, which is available from Us.

YOUR COVERAGE IS GUARANTEED RENEWABLE. This means that You have the right, subject to the terms of the Group Policy, to continue Your Coverage in force until Benefits have been exhausted by paying the required Premium when due. We cannot cancel or refuse to renew Your Coverage, except as provided under the Misstatements and Incontestability provision. We can change Your Premium as provided below. We cannot change any other terms of Your Coverage without Your consent, unless the change is required by law.

WE HAVE A LIMITED RIGHT TO CHANGE PREMIUM. We have the right to change Premium becoming due in the future. We can change Premium either on a Group Policy or class basis; but only if We change Premium for all similar Certificates issued under the Group Policy in the same State as this Certificate. Premium will not change due to a change in Your age, health, or use of Benefits. A change in Premium may occur only once during any 12 month period. [Premium changes may be implemented on or after the date the Rate Guarantee Period shown in the Schedule expires.]

FREE LOOK - [30/45/60/90] DAY RIGHT TO EXAMINE YOUR CERTIFICATE: You have [30/45/60/90] days from the day You receive this Certificate to examine and return it to Us. You can return it for any reason. Simply return it, within that time frame, to the address shown above, or to the agent, producer or office through which it was bought. We will refund the full amount of any Premium paid for this Certificate within 30 days of such a return. This Certificate will then be void from the start; and You will not be insured for Coverage or entitled to any Benefits.

[Payment of Benefits is subject to Pre-Existing Conditions Limitations.]

7053CRT 1 [The Group Policy is intended to be a federally tax qualified long term care insurance contract under Section 7702B(b) of the Internal Revenue Code of 1986 (as amended by the Health Insurance Portability and Accountability Act of 1996 – Public Law 104-191).

Signed for Genworth Life Insurance Company.

Secretary

President and CEO, Long Term Care Division

]

TABLE OF CONTENTS

These are the major sections of this Certificate in the order in which they appear.

Section Declaration	Contents of Section	Page
Doolaration	This section of Your Certificate includes notices and other important information.	[.]
Table of Co	ontents	.[XX]
	This lists the major sections in this Certificate.	
Schedule		[XX]
	This shows Benefits, services and limitations of the Certificate as of the Certificate Effective Date. It includes Premium information.	
Modal Pren	nium Disclosure	.[XX]
	This describes the additional charges, if any, associated with paying Premium more frequently than once per year.	
General De	finitions	
	This provides the definitions of words used in this Certificate that have special meaning when applied to Your Coverage. Additional terms not defined in this section are defined in the provisions in which they are most commonly used.	_
Period of C	overage	.[XX]
	This describes how Coverage takes effect and is continued until the Certificate ends.	• •
Premium a	nd Renewal	.[XX]
	This states: how and when to pay Premium; the importance of paying Premium on time what happens if it is not paid on time; and how We may change Premium.	∋;
General Pro	ovisions	.[XX]
	This tells You: the documents which state all of the contractual agreements; the importance of completing all applicable Applications truthfully; and other rights, obligations and features.	
Claims Pro	visions	[YY]
Claims i io	This tells You: when to notify Us of a Claim; how to start a Claim; what to send Us, how We pay Claims; and other related rights and responsibilities.	
Exclusions	and Limitations.	.[XX]
	This states the conditions under which Coverage will be limited, or not available at all, even if You would otherwise qualify for Benefits.	
Benefit Pro	visions	
	This describes how You become eligible for Coverage; the conditions under which We pay for Covered Expenses incurred; and how to determine how much and how long Coverage will be payable. The Benefit Provisions may be supplemented by attached	
	riders or endorsements.	

Attachments

A copy of all applicable Applications made for Your Coverage. Any applicable riders, endorsements and notices.

SCHEDULE

Policyholder
[XYZ Employer]
[Trustee of the XXX Employer Trust]
Insured
[John Q. Doe]

[Jonn Q. Doe] [Apt #1234] [1234 Main Street] [Anytown, USA 99999] Group Policy Number [GLTC-2009-1]

Certificate Number [XXXXXXX]

[Participating Employer] [XYZ Employer] Policy Effective Date [09/01/2011]

Certificate Effective Date
[10/01/2011]
Age on
Certificate Effective Date
[50]

COVERAGE FEATURES AND LIMITS

Coverage is provided for [the Covered Percentage of] Covered Expenses that are incurred after the Elimination Period has been satisfied. Payment is subject to the limits determined below and all other provisions of Your Certificate. Changes in Your Schedule may be made by Rider.

[Covered Percentage 80%

The Covered Percentage is that portion of Covered Expenses for which Benefits may be payable under Your Coverage.]

Elimination Period [XX days of Covered Care]

[The Elimination Period is satisfied by days You incur a Covered Expense while You are Chronically III.]

OR

Elimination Period [XX calendar days]

[The Elimination Period is satisfied by days You are Chronically III beginning with the first day You incur a Covered Expense.]

[There is no Elimination Period for [both] the Home and Community Care Benefit [and the Informal Care Benefit]. In addition, days for which payment is made under [that Benefit][those Benefits] will count towards satisfying the Elimination Period.]

Coverage MaximumNursing Facility MaximumBenefit Increases[\$240,000][\$4,000 per calendar month][5% Compound][See below]

[The Coverage Maximum and amounts based on the Nursing Facility Maximum are: (a) increased when Benefit Increases apply; and (b) exhausted only when the total of all Benefits paid equals the then applicable maximum amount. Benefit Increases that apply are not affected by any Benefits paid for Covered Expenses incurred prior to the date the applicable maximum is exhausted.]

[The Coverage Maximum and amounts based on the Nursing Facility Maximum are: (a) reduced as payments are made for Covered Expenses; (b) increased when Benefit Increases apply; and (c) exhausted when they are reduced to zero.]

<u>[5% Compound Benefit Increases</u>: On each anniversary of the Certificate Effective Date Your then current Nursing Facility Maximum and the current amounts of other dollar maximums will increase by 5%.

These Benefit Increases will be automatic; will not require proof of good health; and will be made without a corresponding increase in Premium. They will continue without regard to Your age, Claim status, Claim history, or length of time You have been insured.

Benefit Increases cease when: (a) the applicable maximum has been exhausted; (b) they are terminated by You; (c) Your Coverage ends; or (d) Your Coverage is continued under any Nonforfeiture Benefit, if applicable.]

SCHEDULE

(Continued)

	We Pay [the Covered Percentage of]
	Covered Expenses Up to these Limits
Benefits and Services Provided	(except where otherwise noted)
Privileged Care Coordination Services	
	Nursing Facility Maximum per [day][calendar month]
Assisted Living Facility Benefit([Includes][Excludes] room charges)	per [day][calendar month]
Bed Reservation Benefit	
Home and Community Care Benefit	
with [Incidental] Homemaker and Chore Care	
Home Assistance Benefit	
(Equipment, modifications & training)	
[Informal Care Benefit	[XX% of the] Nursing Facility Maximum per day
	for 30 days per calendar year]
[Transition Benefit	A Certificate total payment maximum equal to
	[5 times][20% of] the Nursing Facility Maximum]]
Hospice Care Benefit	
Respite Care Benefit	
Alternate Care Benefit	
[Restoration Benefit	
International [Coverage] [Nursing Facility] Benefit	
Waiver of Premium Benefit	
	ods for which Benefits are payable under the: Nursing fit; Bed Reservation Benefit; Home and Community
[This also applies when Your Spouse or Partner	for Shared Coverage qualifies for Waiver of
Premium under either Your Certificate or his or h	
[10 Year Refund of Premium on Death Benefit	As stated in the Benefit]
[Graded Refund of Premium on Death Benefit	As stated in the Benefit]
[Nonforfeiture Benefit	As stated in the Benefit]
Contingent Nonforfeiture Benefit	As stated in the Benefit
T. () . D	
	e attached to, and included in, the Certificate.
[Nonforfeiture Benefit	-
[Shared Coverage Benefit	
[10 Year Survivorship Benefit	-
[Enhanced Survivorship Benefit	
[10 Year Refund of Premium on Death Benefit	
[Restoration Benefit	-
[Informal Care Benefit	for 30 days per calendar year]
[Transition Benefit	
[Wellness Endorsement	Included]
[10 Year Premium Payment Endorsement	
[To Age 65 Premium Payment Endorsement	Included]

The maximum total amount payable for all Covered Expenses incurred [on a day] [in a[calendar month] is limited to the Nursing Facility Maximum. This does not apply to Benefits that are not subject to a daily or monthly maximum.

SCHEDULE

(Continued)

PREMIUM DATA

	Annual Premium
Basic Certificate Coverage	\$XXX.XX
[Nonforfeiture Benefit Rider	
Shared Coverage Rider	
Spouse or Partner for Shared Coverage Mary Jane Doe]	
[10 Year Survivorship Benefit Rider	\$XX.XX 1
Spouse or Partner for 10 Year Survivorship Benefit Mary Jane Doe]	
[Enhanced Survivorship Benefit Rider	\$XX.XX
Spouse or Partner for Enhanced Survivorship Benefit Mary Jane Doe]	
[Graded Refund of Premium on Death Benefit Rider	\$XX.XX1
[10 Year Refund of Premium on Death Benefit Rider	
[Restoration Benefit Rider	
[Informal Care Benefit Rider	
Transition Benefit Rider	
	φ.σ.σ.σ.ς
Total First Year Annual Premium	\$XXX.XX]
[Insured's Annual Premium Contribution	\$XXX XXI
[Group Policyholder's Annual Premium Contribution (while applicable):	-
[Insured's] Modal Premium Contribution [Monthly]	_
[monary]	

[Premium for payment modes other than annual are the following percentage of the Annual Premium: [Semi-Annual = 51%; Quarterly = 26%; Monthly = 9%]]

[First Premium	Premium Payment Mode	Modal Premium
	[\$aaa.aa]	[Quarterly]	[\$bbb.bb]

The following table shows the Modal Premium and total yearly cost for the available Premium Payment Modes for the Annual Premium that applies on the Certificate Effective Date. These costs will change when there is a change in Your Premium. See the Modal Premium Disclosure for additional information.

Total First Year Premium Payment Options (including all optional Coverage)

	<u>Annual</u>	Semi-Annual	Quarterly	Monthly
Modal Premium	\$[XXX.XX]	\$[XXX.XX]	\$[XXX.XX]	\$[XXX.XX]
Total Yearly Cost for				
First Year Premium	\$[XXX.XX]	\$[XXX.XX]	\$[XXX.XX]	\$[XXX.XX]]

[Your Premium Rate Guarantee: The rates that determine the Premium for Your Certificate are guaranteed [until xx/xx/xxxx.][for three/five/xx years from the Certificate Effective Date]. At the end of this period We reserve the right to increase Your Premium as stated in the Premium and Renewal section.]

Rating: [Standard]

Premium Payment Period: [Lifetime]

[10 Years – See attached 10 Year Premium Payment Endorsement] [To Age 65 – See attached To Age 65 Premium Payment Endorsement]

[This Schedule reflects changes as of the Print Date: 02/20/2012 Attach it to Your Certificate along with prior Schedule pages]

[MODAL PREMIUM DISCLOSURE

Premium Payment Options

You pay for Your Certificate by paying the Premium due in a timely manner. You may have the right to choose one of the following **Premium Payment Modes**:

- Annual in one payment that provides Coverage for twelve (12) Coverage Months;
- Semi-Annual in two payments that provides Coverage for six (6) Coverage Months;
- Quarterly in four payments that provides Coverage for three (3) Coverage Months; or
- Monthly in twelve payments that provides Coverage for one (1) Coverage Month.

Each individual payment is a "Modal Premium Payment."

Where applicable, the availability or selection of a Premium Payment Mode will be determined in accordance with the terms of Your Group Policy.

If You have a Premium Payment Mode other than Annual, Your Annual Premium is determined by multiplying the Modal Premium Payment amount by the number of payments to be made during a year. As an example, the following chart compares the total Premium payments for each payment mode and the corresponding Modal Premium that You would pay on each Premium Due Date.

Hypothetical Example: Yearly Cost Comparison of Alternate Modal Premium Payments

Premium Payment Mode*	Number of Premium Payments per Year	Amount of Each Modal Premium Payment During the Year	Total of Modal Premium Payments During the Year
Annual	1	\$1,200	\$1,200
Semi-Annual	2	\$600	\$1,200
Quarterly	4	\$300	\$1,200
Monthly	12	\$100	\$1,200

^{*}The availability of certain Premium Payment Modes will vary based on the method of payment selected (e.g. electronic funds transfer (EFT); payroll deduction or pension deduction).

Notice: Each Modal Premium Payment is a payment, in advance, for insurance Coverage. Coverage continues until the next Premium Due Date.

Calculation Of Annual Premium

The Annual Premium Payment amounts are calculated by multiplying the Modal Premium by the applicable Premium factor:

- Annual 1.00
- Semiannual 2.00
- Quarterly 4.00
- Monthly 12.00

When Premium payments are made more frequently than monthly, calculation of Your total Annual Premium is based on the number or Premium payments to be made during a year.]

[MODAL PREMIUM DISCLOSURE

Premium Payment Options

You pay for Your Certificate by paying the Premium due in a timely manner. You may have the right to choose one of the following **Premium Payment Modes**:

- Annual in one payment that provides Coverage for twelve (12) Coverage Months;
- Semi-Annual in two payments that provides Coverage for six (6) Coverage Months;
- Quarterly in four payments that provides Coverage for three (3) Coverage Months; or
- Monthly in twelve payments that provides Coverage for one (1) Coverage Month.

Each individual payment is a "Modal Premium Payment."

Where applicable, the availability or selection of a Premium Payment Mode will be determined in accordance with the terms of Your Group Policy.

If You have a Premium Payment Mode other than Annual, You will pay additional charges for selecting that Premium Payment Mode ("Additional Payment Charges"). As an example, the following chart compares the total Premium payments for each Premium Payment Mode and the corresponding Additional Payment Charges that You would pay during the year based on Coverage with a \$1,000 Annual Premium.

Hypothetical Example: Yearly Cost Comparison of

Additional Payment Charges for Alternate Modal Premium Payments

Premium Payment Mode*	Number of Premium Payments per Year	Amount of Each Modal Premium Payment During the Year (Including Additional Payment Charges)	Total of Modal Premium Payments During the Year (Including Additional Payment Charges)	Total Additional Payment Charges During the Year (in Dollars)
Annual	1	\$1,000	\$1,000	\$0
Semi-Annual	2	\$510	\$1,020	\$20
Quarterly	4	\$260	\$1,040	\$40
Monthly	12	\$90	\$1,080	\$80

^{*}The availability of certain Premium Payment Modes will vary based on the method of payment selected (e.g. electronic funds transfer (EFT); payroll deduction or pension deduction).

Notice: Each Modal Premium Payment is a payment, in advance, for insurance Coverage. Coverage continues until the next Premium Due Date.

Calculation Of Modal Premium

The Modal Premium Payment amounts are calculated by multiplying the Annual Modal Premium by the applicable modal Premium factor:

- [Annual 1.00
- Semiannual .51
- Quarterly .26
- Monthly .09]

When Premium payments are made more frequently than monthly, the Monthly Modal Premium Factor will be used to calculate Your total Premium.

As the above chart illustrates, if Your Premium Payment Mode is other than Annual, Your total Premium paid in a year will be more than if You made a single payment using the Annual Premium Payment Mode.

The Premium payments included in the illustrative chart above may reflect rounding.]

GENERAL DEFINITIONS

This section provides the definitions of words used in this Certificate that have a special meaning when applied to this Certificate. Additional definitions may also appear in this Certificate where they can assist You in understanding related text. For example, most Benefits provided for under this Certificate have definitions for covered care, services and/or providers. To help You recognize defined terms, they are printed in **bold** where they are defined and the first letter of each word is capitalized wherever it appears.

Application means the written or electronic form(s) provided by Us and completed and signed, in written or electronic form, by You when You apply for Coverage.

Benefit means each of the benefits identified in the Schedule under "Benefits and Services Provided." Benefits may change in accordance with the terms of this Certificate.

Certificate means the certificate issued to You, including all applicable Application(s), and any riders, endorsements, amendments and attachments. It evidences Coverage You have under the Group Policy, including Continuation Coverage described in the Period of Coverage section.

Certificate Effective Date means the date Your Coverage begins. It is shown on the Schedule.

Claim means a request by You for payment of Benefits under Your Coverage.

Confinement or **Confined** means You are present as a resident inpatient in a facility, other than Your Home, during a period in which You incur Covered Expenses.

Coverage means the Benefits available under the Group Policy as evidenced by this Certificate.

Coverage Maximum means the maximum amount of Benefits We will pay for Your Coverage under the Group Policy, as determined from the Schedule. The Coverage Maximum will change as described in the Schedule and when You elect changes.

Coverage Month means the monthly period that begins and ends on the same day of the month as the Certificate Effective Date.

Covered Care means those Qualified Long Term Care Services for which Benefits are payable, or would be payable in the absence of an Elimination Period or payment limits.

Covered Expenses means costs You incur for Covered Care. Each Benefit defines the Covered Expenses under that Benefit. An expense is considered to be incurred on the day on which the care, service or other item forming the basis for it is received by You.

Elimination Period means the length of time, as determined in the Schedule before You are entitled to Benefits under Your Coverage. The Schedule describes how the Elimination Period is satisfied and whether it is based on calendar days or days on which You receive Covered Care. Each Benefit states the extent to which Coverage is subject to the Elimination Period.

Days used to satisfy the Elimination Period do not need to be consecutive; and can be accumulated over time. Once satisfied, You will never have to satisfy a new Elimination Period for Your Coverage.

Covered Care You receive and related Covered Expenses that are otherwise excluded from Coverage because of the Non-Duplication or Coordination With Other Coverage provisions may be used to satisfy this requirement.

Group Policy means the policy issued under the Group Policy Number shown in the Schedule that has been issued to the Policyholder named in the Schedule.

Home means the place where You live or stay. This could be a: house; condominium; apartment; unit in a congregate care community; or similar residential environment. Your Home does NOT include a: hospital; Nursing Facility; Assisted Living Facility; or Hospice Care Facility.

Immediate Family means Your Spouse or Partner or anyone who is related to You or Your Spouse or Partner as a parent, grandparent, child, grandchild, brother, sister, aunt, uncle, first cousin, nephew or niece. This includes adopted, in-law and step-relatives.

Licensed Health Care Practitioner means any of the following:

- a Physician (as defined in Sec. 1861(r)(1) of the Social Security Act);
- a registered professional nurse;
- a licensed social worker; or
- any other individual who meets such requirements as may be prescribed by the Secretary of the Treasury of the United States.

Medicaid means any State medical assistance program under Title XIX of the Social Security Act, as amended.

Medicare means the Health Insurance for the Aged Act, Title XVIII of the Social Security Amendments of 1965, as then constituted or later amended.

Nurse means someone who is licensed as a Registered Graduate Nurse (RN), Licensed Practical Nurse (LPN), or Licensed Vocational Nurse (LVN) and is practicing within the scope of that license.

Nursing Facility Maximum means the maximum amount We will pay when You are Confined in a Nursing Facility, as stated in the Schedule. This may be a daily maximum or a monthly maximum, as stated in the Schedule. This amount is also used to determine other Benefit maximums.

Physician has the same meaning as that set forth in Sec. 1861(r)(1) of the Social Security Act; and means a doctor of medicine or osteopathy legally authorized to practice medicine and surgery by the State in which he or she performs such function or action.

Premium means the premium identified in the Schedule under Premium Data. Premium may change in accordance with the terms of the Group Policy.

Premium Due Date means the end of the period for which a Modal Premium Payment provides Coverage and the date on which Premium is due to be paid to Us.

Qualified Long Term Care Services means necessary diagnostic, preventive, therapeutic, curing, treating, mitigating, and rehabilitative services and maintenance or personal care services which:

- are required by a Chronically III Individual; and
- are provided pursuant to a Plan of Care prescribed by a Licensed Health Care Practitioner.

As used above, "maintenance or personal care services" means any care the primary purpose of which is the provision of needed assistance with any of the disabilities as a result of which You are Chronically III. This includes protection from threats to health and safety due to Severe Cognitive Impairment.

Note: To be eligible for Coverage it is not sufficient for the care and services to only be Qualified Long Term Care Services. Such care and services must also meet the definition of Covered Care.

Representative means a person or entity legally empowered to represent You.

Schedule means the section of this Certificate that states Your Coverage features and limits as of the original Certificate Effective Date and as may be changed over time. Changes in Your Schedule may be made by rider.

Spouse or Partner means the person to whom You:

- are joined by marriage; or
- are joined by a relationship legally recognized under State law as entitled to the same rights and benefits of married persons[; or
- live in a committed relationship. He or she can be unrelated to You, or a relative in Your same family generation (such as Your brother, sister or first cousin). You and such person cannot be joined to anyone else by: (a) marriage; or (b) a relationship legally recognized under State law].

State, unless otherwise indicated, refers to the District of Columbia, any territory or possession of the United States, or any one of the 50 states (or commonwealths) within the United States.

Unearned Premium equals A multiplied by [B divided by C] (Ax[B/C]), where:

A = The total Premium paid during the Coverage Period.

B = The number of days remaining in the Coverage Period after Your Coverage has ended.

C = The total number of days in the Coverage Period.

The amount of Unearned Premium will be rounded to the nearest penny. Once Your Certificate has become paid-up, there is no Unearned Premium.

As used above, **Coverage Period** is the period that begins on the most recent Premium Due Date and ends on the next Premium Due Date.

United States includes all fifty (50) States, the District of Columbia and any territory or possession recognized by the United States as a territory or possession of the United States.

We, Us, Our and the Company mean Genworth Life Insurance Company.

You, Your or Yourself means the person named as the Insured in the Schedule.

[XX]

PERIOD OF COVERAGE

Coverage Taking Effect

This Certificate is issued in consideration of payment of the required Premium and any applicable Application. Except as provided below, Your Coverage will become effective on the Certificate Effective Date shown in Your Schedule, subject to the timely payment of the First Premium. This Certificate may be continued in force by the timely payment of Premium until it ends in accordance with the terms and conditions described in this Certificate.

[Deferred Certificate Effective Date [(applicable only to employees)]:

[If Your Coverage is based on Your being an employee, You must be Actively at Work with the employer forming the basis for Your eligibility on the Certificate Effective Date and for the prior [10/30/45] [workdays] [calendar day period]. If You cannot satisfy this requirement, Your Certificate Effective Date will be deferred until the first day of Your employer's regularly scheduled payroll billing period on which You are Actively at Work, and have been Actively at Work for the prior [10/30/45] [workdays] [calendar day period].]

[Actively at Work means You are an employee who is performing the usual duties of Your job at the usual place of work as required by Your employer on a [full-time basis at least [30] hours each week]. You will be considered Actively at Work while on employer approved vacations, holidays and regularly scheduled days off, or during temporary business closures. You will not be considered to be Actively at Work if You are unable to perform Your usual duties due to a sickness, accident or injury or if You are on a leave of absence, a sabbatical or retired from the same employer.]

[If Your Coverage is not based on Your being an employee,]You must be in "Active Service" on the Certificate Effective Date and for the prior [10/30/45] [workdays][calendar day period]. If You do not meet this requirement, Your Certificate Effective Date will be deferred until the [first/fifteenth day of the month after] [first payroll period after] [date] You return to Active Service.]

[Active Service means You are able to engage in substantially all of the usual activities of a person in good health of like age and sex, and are not: (1) confined in a hospital, nursing, assisted living, or custodial care facility; or (2) receiving home health care services.]

Your Right To Cancel This Certificate At Any Time

You may cancel this Certificate at any time by sending written notice to Us at Our Administrative Office. The effective date of Your cancellation will be the later of:

- the cancellation date requested by You;
- [the first day of the [calendar month][Coverage Month] following the date We receive Your written request;] or
- the date We receive Your written request.

This cancellation will not affect any Claim for Covered Expenses incurred before the effective date of the cancellation.

Continuation Coverage

Except if Your Coverage ends as provided for in the "When Your Coverage Ends" provision, Your Coverage will be continued in accordance with the terms of this Certificate even if the Policyholder ceases to sponsor the Group Policy or discontinues coverage for the group of eligible persons to which You belong.

You must pay Us all Premium required for the continuation of Your Coverage. The Premium for the continuation of Your Coverage may change in the future as stated in the Premium and Renewal section.

[Continuing Coverage Paid For By The Policyholder

If the Policyholder stops paying Premium for all or a portion of Your Coverage for any reason, You have the right to continue that Coverage by paying the Premium Yourself. In this event, We will send You a notice giving You the option to pay the difference in Premium and maintain Your Coverage.]

When Your Coverage Ends

This Certificate terminates and Your Coverage ends on the first to occur of:

- the date of Your death:
- the date Your Certificate is cancelled by You, as stated in the provision entitled Your Right To Cancel This Certificate At Any Time;
- the date the Coverage Maximum is exhausted;
- the date on which Premium is due, when the Premium is not received by Us by the end of the Grace Period:
- the Certificate Effective Date if Your Coverage is rescinded in accordance with the Misstatements and Incontestability provision; or
- the date the Policyholder discontinues sponsorship of the Group Policy or coverage of a group of eligible persons to which You belong, but only if, within 31 days thereafter Your Coverage is replaced by other group coverage that:
 - is effective on the day following the date Your Coverage ends; and
 - provides benefits that are substantially equivalent to or greater than those provided under the replaced Group Policy; and
 - provides immediate coverage to all persons insured under the Group Policy on the date their coverage under the replaced Group Policy is discontinued; and
 - calculates premium based on Your age on Your Certificate Effective Date.

Except as provided in the Extension of Benefits provision below, Your Coverage will not pay for Covered Expenses incurred after the Certificate terminates and Your Coverage ends.

If this Certificate terminates and Your Coverage ends, We will promptly refund any Unearned Premium as stated in the Refund of Unearned Premium provisions.

Extension Of Benefits

If this Certificate terminates and Your Coverage ends due to failure to pay Premium while You are Confined in a Nursing Facility, an Assisted Living Facility, or a Hospice Care Facility, We will pay Benefits for Covered Expenses in the same manner as if Your Coverage had not ended. This Extension of Benefits stops and all extended Coverage ends on the earliest of:

- the date when You no longer meet the requirements of the Conditions For Receiving Benefits provision (see the first page of the Benefit Provisions);
- the date You are no longer Confined in a Nursing Facility, an Assisted Living Facility or a Hospice Care Facility; or
- the date the Coverage Maximum is exhausted.

PREMIUM AND RENEWAL

Paying Premium

Each Premium paid continues the Coverage provided for in this Certificate until the next Premium Due Date, except as stated in the Grace Period provision. Premium is subject to change as described in the Premium Rate Changes provision below.

Premium is payable to Us. The First Premium is due on the Certificate Effective Date. Each subsequent Premium is due on the next Premium Due Date. Your Schedule shows the initial Premium Payment Mode that applies to this Certificate. Premium Payment Modes available under the Group Policy are determined by mutual agreement between the Policyholder and Us.

Notifying Us Of Changes

You are responsible for notifying Us if Your method of Premium payment changes. You must notify Us within 30 days of the effective date of the change. If payments are being made through electronic funds transfer, payroll deduction, pension deduction, or other automatic payment methods and payment cannot be accomplished for any reason, We will bill You directly.

Premium Rate Changes

As stated on the first page of this Certificate, **We have the right to change Premium becoming due in the future.** We can change Premium on a Group Policy or class basis; but only if We change Premium for all similar Certificates issued under the Group Policy in the same State as this Certificate. Premium will not change due to a change in Your age, health, or use of Benefits. A change in Premium may occur only once during any 12 month period. [Premium changes may be implemented on or after the date the Rate Guarantee Period shown in the Schedule expires.]

If Your Premium is paid by payroll or pension deduction, or other automatic payment methods, either We, or the Policyholder will notify You of a change in Your Premium. If You are paying Premium directly to Us, We will give You written notice at least 60 days before the date a change in Your Premium becomes effective.

[Your Premium Rate Guarantee

The rates that determine the Premium for Your Coverage are guaranteed for only the Rate Guarantee Period, if any, shown in the Schedule.]

Your Options If Premium Rates Increase

If Your Premium increases as a result of Our right to change Premium, You will have the option of:

- maintaining Your current Coverage at the increased Premium;
- electing a decrease in Coverage to an available Coverage amount; or
- cancelling or lapsing Your Coverage (subject to any rights You may have under a Contingent Nonforfeiture Benefit).

Refund Of Unearned Premium

Refunds Due to Your Death: In the event of Your death We will refund Unearned Premium. The refund will be paid within 30 days of Our receipt of written notice and proof of Your death. It will be paid to Your beneficiary or estate.

All Other Refunds: Except as provided in the When Your Coverage Ends provision, all other Unearned Premium will be applied as a reduction in future Premium due.

As an exception to the above, any refund of Unearned Premium attributed to Premium paid by the Policyholder will be paid to the Policyholder.

Grace Period

The Grace Period is the period of time specified below during which any unpaid Premium payment, after the First Premium, must be paid in order to keep this Certificate from terminating and Your Coverage from ending. Your Coverage will remain in effect during the Grace Period; however, Our failure to receive due and unpaid Premium by the end of the Grace Period will result in termination of this Certificate as of the Premium Due Date.

If on the Premium Due Date, the Premium payment has not been received by Us, the Grace Period will begin. After a period ending 31 days following the Premium Due Date, We will send a written notice of termination (lapse) for non-payment of Premium to You and to any person You have designated to be notified in case of lapse, at the address(es) You have provided. A copy of that notice will also be sent to the Policyholder when the Policyholder is remitting Premium to Us. This notice will explain that a Premium payment has been missed; and will show the Premium amount that You must pay no later than the end of the Grace Period so that this Certificate remains in force and Your Coverage does not end. This notice will provide an additional 35 days from the date the written notice was mailed to pay any due and unpaid Premium.

Protection Against Unintentional Lapse

You have the right to designate at least one person, in addition to Yourself, who is to receive notice of termination for non-payment of Premium. You may change this designation at any time. To do so, You must send written notice to Us at Our Administrative Office. Every two (2) years, We will remind You in writing of this opportunity.

If Your Premium is paid by payroll or pension deduction and You have not made a prior designation, You may make the designation under this provision within 60 days after the date Your Premium is no longer being deducted from a payroll or a pension plan.

Reinstatement

If this Certificate terminates and Your Coverage ends for non-payment of Premium, You may apply to reinstate Your Coverage. To apply for reinstatement You must submit an Application and pay all past due Premium. The completed Application must be received by Us at Our Administrative Office within one year after the end of the Grace Period. This Certificate may only be reinstated as provided below.

This Certificate will be reinstated upon either:

- Our written approval of the Application; or
- the 45th day after the date We receive Your Application and all past due Premium, if We have not given You prior written notice of Our disapproval of the Application.

If this Certificate is reinstated in accordance with this Reinstatement provision, We will only pay Benefits relating to Covered Expenses incurred after the date of reinstatement. In all other respects Your rights and Our rights will remain the same; subject to any provisions noted on or attached to this Certificate upon reinstatement.

Continuation For Lapse Due To Alzheimer's Disease And Other Forms of Cognitive Or Functional Impairment

We will provide a retroactive continuation of Coverage, if:

- this Certificate terminates and Your Coverage ends due to non-payment of Premium (lapse); and
- within seven (7) months after Your Coverage ends We are given proof that You were Chronically III and met the Eligibility For The Payment of Benefits requirements of Your Coverage, beginning on or before the end of the Grace Period.

We must receive written notice from You that Your Coverage should be continued under this Continuation For Lapse Due to Alzheimer's Disease And Other Forms of Cognitive Or Functional Impairment provision.

Upon receipt of written notice from You, You will be required to provide Us with:

- proof that You met the Eligibility For The Payment of Benefits requirements of this Certificate: and
- all past-due Premium;

within that seven-month period. The proof must be in the form of an assessment from a Licensed Health Care Practitioner (or other proof approved by Us), which demonstrates that You were Chronically III. In addition, We require a Current Eligibility Certification. Any Covered Expenses incurred during this continuation period will be paid to the same extent they would have been paid if Your Coverage had not ended.

Unpaid Premium

When Benefits for Covered Expenses are payable under this Certificate, any Premium due and unpaid will be deducted from the amount We pay.

Right To Reduce Coverage And Lower Premium

You have the right to reduce Your future Premium at any time by requesting:

- deletion of an option or feature for which an additional Premium is charged, or
- a decrease in Your Coverage to available Coverage amounts.

To reduce Your future Premium in this manner, You must give Us a signed written request in a form acceptable to Us. You will not be required to provide proof of insurability.

Reducing Your Nursing Facility Maximum may result in a proportional decrease in: (a) the Coverage Maximum; (b) other payment limits that are based on the Nursing Facility Maximum; and (c) future Premium.

Reducing Your Coverage Maximum alone will not change Your Nursing Facility Maximum and related payment limits; but will reduce the period during which the full Nursing Facility Maximum can be paid for Covered Expenses.

Where Benefit Increases apply, as stated in the Schedule, You have the right to change or terminate Your Benefit Increases as follows:

- You may reduce Your Coverage to an available Benefit Increase that results in a reduced or less frequent annual increase in Your Nursing Facility Maximum; or
- You may reduce Premium by terminating Your Benefit Increases (where that option is available under the Group Policy);
- If You choose to reduce or terminate Benefit Increases, Your Premium, the Maximums and other payment limits below will be adjusted to the Premium, Maximums and payment limits that would have been in effect if the change had been effective as of the Certificate Effective Date:
 - the Nursing Facility Maximum;
 - the Coverage Maximum; and
 - other payment limits that are based on the Nursing Facility Maximum.

The Premium reduction associated with any reduction in Coverage will be based on the Premium applicable to the Coverage being reduced. You will not be entitled to a refund for any Premium paid prior to the effective date of the reduction in Coverage, as outlined below. Any change in Coverage or Premium under this Right to Reduce Coverage and Lower Premium provision will become effective on the Premium Due Date following Our receipt of Your written request.

We will send You written notice of:

- the reduction in Coverage;
- the effective date of the reduction; and
- the amount of Premium due as of the Premium Due Date following Our receipt of Your written request.

Once Coverage is reduced, it may not be increased without Our written approval of Your Application.

GENERAL PROVISIONS

Entire Contract; Changes

This Certificate reflects Your Coverage and is a part of the Group Policy. While the Group Policy is in force, it determines governing contractual provisions. No change in the Group Policy or this Certificate is valid until and unless approved in writing by one of Our officers. That approval must be noted on, or attached to, the Group Policy and, if applicable, Your Certificate. No agent or producer has the authority to change the Group Policy or Your Certificate or waive any of their provisions.

Payment of Premium following:

- a change to Coverage requested by You; or
- a change in Premium as provided in the Premium Rate changes provision; shall constitute acceptance by You of any such change.

Misstatements and Incontestability

In issuing this Certificate, We have relied upon the information presented by You in Your Application. Any incorrect or omitted material information in Your Application for Your Coverage, or an increase in Coverage, may cause the Coverage that became effective as a result of Your Application to be rescinded (voided) or a Claim to be denied.

Time Limit on Certain Defenses: For any portion of Your Coverage that has been in effect for less than six (6) months, We may rescind it or deny an otherwise valid Claim upon a showing of a misrepresentation in Your Application for that Coverage that is material to Our acceptance of the Application. Failure to disclose material information is considered a misrepresentation.

For any portion of Your Coverage that has been in force for at least six (6) months but less than two (2) years, We may rescind it or deny an otherwise valid Claim upon a showing of a misrepresentation in Your Application for that Coverage that is both material to the acceptance of the Application and pertains to the conditions for which Benefits are sought.

Any portion of Your Coverage that has been in force for two (2) years will not be contestable upon the grounds of misrepresentation in Your Application for that Coverage alone; and may be contested only upon a showing that You knowingly and intentionally misrepresented relevant facts relating to Your health.

Any Benefits We pay will not be recovered by Us in the event all or a portion of Your Coverage is rescinded.

Misstatement Of Age

If Your age was misstated in Your Application, We will pay the Benefits that the Premium paid would have purchased at Your true age. If based on Your true age, this Certificate would not have become effective, We will rescind this Certificate and refund of all Premium paid for it.

Clerical Error and Misstatement of Eligibility

Clerical error, misstatement as to Your eligibility, or delays in making entries on the records by You, the Policyholder, or Us:

- will not void Your Coverage if Your Coverage would otherwise have been in effect; and
- will not cause You to become insured if You are otherwise not eligible; and
- will not extend Your Coverage if Your Coverage would otherwise have ended or been reduced.

If a clerical error or misstatement is found, Premium and Benefits will be adjusted based on the true facts and the provisions of this Certificate.

Time Periods

All time periods start and end at 12:01 a.m. Eastern Time in the United States.

Non-Participating; Dividends Not Payable

This Coverage does not participate in Our profits or surplus earnings, has no cash value, and will not earn dividends at any time.

Conformity With Internal Revenue Code

If on its effective date, this Certificate does not comply with the requirements of Section 7702B(b) of the Internal Revenue Code of 1986, it will be treated as if it had been changed to comply with those requirements. We will inform You in writing of any required change in the provisions of this Certificate.

Governing Jurisdiction

The Group Policy is governed by the laws of the State in which the Group Policy was issued. This Certificate is governed by the laws of the State having jurisdiction over this Certificate as of the Certificate Effective Date.

Currency

All payments by, or to, Us will be in the lawful money of the United States of America. Any foreign exchange rate will be as determined by Us based on:

- the date on which the Claim for payment for Covered Expenses is received by Us; and
- the exchange rate for that date, as reported by a licensed bank or other financial institution designated by Us.

No Cash Values, Borrowing, Or Use As Collateral

This Coverage does not provide for a cash surrender value, or other money that can be: borrowed; or paid, assigned or pledged as collateral for a loan.

Communications Through Electronic Means Or Other Technologies

We reserve the right to designate the form and means of all communications, notices or proofs required by the Group Policy or this Certificate. If We agree, You may contact Us about this Certificate using electronic means or other technologies. If You agree, We may contact You regarding the Group Policy or this Certificate using electronic means or other technologies. Except where prohibited by State or federal law, electronic communications have the same legal effect, validity and enforceability as other forms of communication.

[REPLACEMENT PROVISIONS

If Your Coverage is replacing identical or substantially equivalent coverage under another group long term care insurance policy that was issued to the Group Policyholder, the following terms and conditions will apply.

Definition

Replaced Coverage means the coverage You had under another group long term care insurance policy that was replaced by the Group Policy described in this Certificate.

Conditions

In order for Your Coverage to take effect:

- Your Replaced Coverage must have been in force on a Premium paying basis on the day immediately prior to this Certificate's Effective Date;
- There is no interruption between Your Replaced Coverage and Your Coverage under the Group Policy;
- All Premium for the Replaced Coverage must be fully paid up through the date on which the Replaced Coverage ends; and
- We must receive Your First Premium for Your Coverage when it is due.

Terms Applicable To Your Coverage

- The Premium for Your Coverage will be based upon Your Age on the original effective date of the Replaced Coverage;
- Any Actively at Work requirement (if applicable) will be waived for Your Coverage to the
 extent that the requirement is the same as the actively at work requirement under the
 Replaced Coverage;
- Your Coverage Maximum will be reduced to the extent that benefits similar to the Benefits under Your Coverage were paid under the Replaced Coverage;
- Any periodic maximum or lifetime limit that applies to a particular item of Covered Care will be reduced to the extent that benefits were paid for a similar service under the Replaced Coverage;
- If You had a periodic benefit increase feature under the Replaced Coverage, the date
 Our initial increase offer is made to You will be based on the date of Your last such
 increase under the Replaced Coverage. Subsequent increase offers will be made to You
 in accordance with the terms of this Certificate;
- [The calculation of the amount returned under a Refund of Premium on Death Benefit will reflect the length of time You were covered under the Replaced Coverage and the benefit amounts paid to You under the Replaced Coverage, to the extent that the Replaced Coverage had a similar return of Premium provision;]
- [We will give credit for time periods applicable to Pre-Existing Conditions to the extent that similar limitations or exclusions were satisfied under the Replaced Coverage;]
- If Your Coverage is converted to paid-up status under a Nonforfeiture Benefit, the calculation of Your Nonforfeiture Benefit Allowance will reflect the length of time You were covered and the benefit amounts paid to You under the Replaced Coverage, to the extent that the Replaced Coverage had a nonforfeiture protection provision other than a contingent nonforfeiture benefit; and
- Your Elimination Period requirement will be reduced to the extent that a similar requirement was completely or partially satisfied by You under the Replaced Coverage.]

CLAIMS PROVISIONS

Notifying Us About A Claim And Initiating The Claim Process

In order to initiate Your Claim with Us, You or Your Representative must contact Us at Our Administrative Office by phone or in writing and provide Us with the following:

- Your name:
- Your Certificate Number (as shown in the Schedule); and
- an address to which Our Claim forms should be sent.

Once You contact Us to initiate Your Claim, We will send to You the Claim forms You will need to file with Us in order for Us to determine: Your eligibility for the payment of Benefits; and whether Benefits are payable for Covered Expenses.

Except as required by law, documentation relating to Your Claim must be provided to Us in English.

You must initiate the Claim process within 30 days of the date Covered Expenses are incurred, or as soon as reasonably possible thereafter. Providing early notification to Our Claims department can help greatly with the Claims process. Early notice may also provide additional time to plan for Your Covered Care. You or Your Representative may contact Us when You first become Chronically III, even before You have incurred Covered Expenses.

In addition, We will make available certain information to help You or Your Immediate Family plan for long term care. Please see the Information and Referral Services provision.

If You require assistance with Your Claim or Claim forms, You may contact Us.

Claim Forms

Our Claim forms will include instructions explaining the information You must provide to Us and how to submit the Claim forms to Us. Review the Claim forms and instructions carefully. Answer all questions and send all required information to the address on the Claim forms. The information You submit to Us must be in the form of written documentation acceptable to Us and must:

- describe and confirm that You are Chronically III;
- include a Current Eligibility Certification from a Licensed Health Care Practitioner;
- describe and confirm the Covered Care You are receiving:
- include copies of Your Plan of Care;
- include copies of itemized bills, paid invoices and, if necessary, cancelled checks or other verifiable proof of payment for Covered Expenses ("**Proofs of Loss**");
- include copies of documents and explanations of benefits related to any Medicare coverage, coverage under any other federal, state, or other government health care program or law, except Medicaid, or any Other Long Term Care coverage, applicable to Your Claim; and
- provide Us with written authorization to evaluate Your Claim.

A final determination regarding Your eligibility for payment of Benefits and whether Benefits are payable for Covered Expenses can not be made until We receive the above information. You may also be required to provide Us with copies of other records and documents We reasonably require in addition to the information above before a final determination can be made.

If You or Your Representative do not receive the Claim forms from Us within 15 days after You initiate a Claim, We can begin reviewing Your Claim without the Claim forms. To review a Claim in this manner, You must provide Us with a letter that includes the information outlined above. The letter must be sent to Us at Our Administrative Office.

If You incur Covered Expenses subsequent to Your submission of Your Claim form, You are required to provide Us with Proofs of Loss with respect to those Covered Expenses no later than 90 days after the end of the Coverage Month in which the Covered Expenses were incurred. If it is not reasonably possible to provide Us with Proofs of Loss within the 90 days, You must provide Proofs of Loss as soon as reasonably possible after the 90 days.

We will not deny Your Claim for failure to provide Us with timely Proofs of Loss if We are provided with Proofs of Loss no later than one (1) year from the date required by the above paragraph. Unless We are provided with proof, in a form satisfactory to Us, that You were incapacitated or incapable of providing Us with Proof of Loss within the one (1) year period, or unless prohibited by law, Your Claim may be denied for failure to provide Us with Proofs of Loss within the one (1) year period.

How We Determine Your Initial And Ongoing Eligibility For The Payment Of Benefits

In order for Us to determine Your initial eligibility for the payment of Benefits, We:

- must be in receipt of completed Claim forms and Proofs of Loss; and
- will obtain information about You from Your personal Physician and You directly.

In addition, at Our expense, We may:

- consult with any Licensed Health Care Practitioners, agencies and other care providers
 You have used or are currently using; and
- require You to participate in a medical or physical examination or assessment.

In order for Us to determine Your ongoing eligibility for the payment of Benefits, at periodic intervals, We may:

- obtain information about You from Your personal Physician and You directly;
- consult with any Licensed Health Care Practitioners, agencies and other care providers
 You have used or are currently using; or
- at Our expense, require You to participate in a medical or physical examination or assessment.

In addition, You will be required to assist Us in periodically updating Your Plan of Care and providing Us with Current Eligibility Certifications. You will also be required to provide Us with a copy of Your Medicare Explanation(s) of Benefits (or similar form for other plans or programs subject to the Non-Duplication, coordination or other provisions of the Exclusions and Limitations section) to help Us determine which Covered Expenses (if any) are excluded from Coverage under the Policy.

We may use third party services to assist Us in gathering information related to Our determination of both Your initial and ongoing eligibility for the payment of Benefits. Certain third party providers may be Our affiliates. If We use Our affiliates, We will notify You prior to use. You will have the right to request third party providers who are not affiliated with Us.

In certain instances, to assist Us in determining initial or ongoing eligibility for the payment of Benefits or whether You incurred Covered Expenses, We may require that You participate in a sworn recorded interview or a formal proceeding.

We will notify You in writing of Our determination regarding Your eligibility for the payment of Benefits.

Time Of Payment Of Benefits

If We determine that You are eligible for the payment of Benefits, We will promptly pay Benefits for Covered Expenses provided for in the initial Proof of Loss. In the event that Benefits are payable in the future, and upon Our receipt of subsequent Proofs of Loss, We will pay Benefits for Covered Expenses You incur at the end of each monthly period following Our first Benefit payment date.

To Whom Benefits Are Paid

While You are living, all Benefit payments for Covered Expenses will be payable to You unless otherwise assigned in accordance with the Assignment of Benefits provision below. To the extent that Your Coverage provides for additional Benefits beyond Your death, those Benefits are payable in accordance with the beneficiary designation in effect at the time of Your death. If no beneficiary designation is in effect at the time of Your death, the Benefits will be paid to Your estate. Any other Benefits for Covered Expenses that are unpaid at Your death may be paid, at Our option, either to Your beneficiary or estate.

If, upon Your death, Benefits are payable to an estate, We may pay up to \$5,000 of those Benefits directly to someone related to You by blood or marriage who is deemed by Us to be entitled to receive the Benefit payment. We will be discharged from any liability to the extent of any such payment made in good faith.

We may pay all or a portion of any Benefits for Covered Expenses You incur to the provider of the Covered Care, unless You direct Us to do otherwise in writing by the time Proof of Loss is provided to Us. We do not require that Covered Care be provided by a specific facility, entity or person.

Beneficiary Designations

Unless You have named an irrevocable beneficiary, You have the right to name and change a beneficiary at any time by providing a written request to Us. Unless otherwise specified by You, the designation of a new beneficiary will take effect on the date You signed the written request to make the change. Your request to designate a new beneficiary does not affect any payment made, or other action taken, by Us prior to Our receipt of Your written request to make the change. Consent of any beneficiary will not be required for surrender or assignment of the Policy, change of beneficiary, or any other change. The terms of an irrevocable beneficiary designation cannot be changed or revoked without the consent of that beneficiary.

Direct Payment Of Benefits To Providers (Assignment Of Benefits)

You may instruct Us, in writing, to pay Benefits You are due under this Certificate directly to a Nursing Facility, Assisted Living Facility, Hospice Care Facility, or home health agency providing the care to You for which We are paying Benefits for Covered Expenses. The care provider must also agree to the Assignment of Benefits in writing. You must notify Us in writing of any change or termination of any such Assignment of Benefits. We do not assume any responsibility for the validity or effect of an Assignment of Benefits. Our payment of Benefits pursuant to an Assignment of Benefits will fully satisfy any obligations We may have for payment of Benefits under this Certificate.

Right To Recover An Excess Payment

If, at any time, We make a payment in excess of Benefits payable under this Certificate ("Excess Payment"), We have the right to recover such Excess Payment from any person to whom, or for whom, or with respect to whom, such Excess Payment was made. In the event that such Excess Payment is not returned to Us within 60 days of Our request to return the Excess Payment, We may deduct the Excess Payment from Your future Benefit payments, if applicable and where permitted by law.

Except in the event this Certificate is rescinded in accordance with the Misstatements and Incontestability provision, We have the right to recover any payment for Benefits made by Us in error and any payment for Benefits made as a result of fraud by any party, including, but not limited to, You or Your care providers.

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Appealing A Claim Decision

We will inform You, in writing, if a Claim, or any part of a Claim, is denied and the reason for the denial.

Within 60 days of Your receipt of Our written explanation for denying Your Claim, You may make a written request for additional information regarding the denial. Within 60 days of the date of Our receipt of Your written request We will:

- provide You with a written explanation of the reasons for the denial; and
- make available to You the information We used to determine the denial.

Within 120 days of Your receipt of Our written explanation above, if You believe that Our determination to deny Your Claim is in error, You may "Appeal" Our determination to deny Your Claim as follows:

- You must send Us a written Appeal (no special form needed) that tells Us why We should change Our decision to deny Your Claim. You may authorize someone else to act for You in this Appeal process.
- The written Appeal should include the names, addresses and phone numbers of any care providers You think We should contact to learn more about Your Eligibility for the Payment of Benefits and the Covered Care You received. This would include any Physician, health care professionals and other care providers who treated You; and the facilities from which You received care, treatment, services, equipment or other items.

Following Your Appeal, You will be sent written notice and explanation of Our final determination within 30 days of Our receipt of all necessary information upon which a final determination can be made. In the event We change Our determination to deny Your Claim, We will promptly pay any Benefits due to You.

Legal Actions

You may not bring any legal action against Us seeking Benefit payments under this Certificate until 60 days after Proof of Loss has been received by Us. You may not bring any legal action against Us seeking Benefit payments under this Certificate more than three (3) years from the date Proof of Loss has been received by Us.

[Information And Referral Services

You and Your Immediate Family may contact Us to request information or referral services related to long term care resources or the development of a long term care plan. We will provide certain information or services to You or Your Immediate Family, at no cost, to assist You or Your Immediate Family with assessing individual long term care needs or identifying local long term care service providers. Additional information or services may also be made available to You or Your Immediate Family that You or Your Immediate Family may choose to purchase at an additional cost.

The information or services made available to You or Your Immediate Family under this provision may be provided by independent, non-affiliated entities. These entities are solely responsible to You for the provision of any information or services offered, or accessed, by You or Your Immediate Family and We make no warranties or promises regarding any providers, services or information offered, or accessed, by You or Your Immediate Family.

If You choose to purchase additional information or services outside of the information or services offered by Us, any cost incurred by You is Your responsibility. No Benefits are payable for any costs You may incur as a result of Your purchase of any additional information or services.]

EXCLUSIONS AND LIMITATIONS

This section states the conditions under which Benefit payments will be limited, or not available at all, even if You otherwise qualify for Benefits.

Exclusions

We will not pay Benefits for any expenses incurred for any Covered Care:

- [for which no charge is normally made in the absence of insurance;]
- [provided outside the fifty (50) United States, the District of Columbia, and any territory or possession of the United States of America; unless specifically provided for by a Benefit;
- [provided by Your Immediate Family, unless a Benefit specifically states that a member of Your Immediate Family can provide Covered Care. We will not consider care to have been provided by a member of Your Immediate Family when:
 - he or she is a regular employee of the organization that is providing the services; and
 - such organization receives payment for the services; and
 - he or she receives no compensation other than the normal compensation for employees in her or his job category;]
- [provided by or in a Veteran's Administration or Federal government facility, unless a valid charge is made to You or Your estate;]
- [resulting from illness, treatment or medical condition arising out of any of the following:
 - [war or any act of war, whether declared or not;]
 - [attempted suicide or an intentionally self-inflicted injury;]
 - [participation in a felony, riot, or insurrection;]
 - [service in the armed forces or units auxiliary thereto;]
- [provided for Your alcoholism or addiction to drugs or narcotics (except for an addiction to a prescription medication when administered in accordance with the advice of a Physician).]

Non-Duplication

Benefits will be paid only for Covered Expenses that are in excess of the amount paid or payable under:

- Medicare (including amounts that would be reimbursable but for the application of a deductible or coinsurance amount); and
- [Any State or Federal workers' compensation, employer's liability or occupational disease law: and]
- Any other Federal, State or other governmental health or long term care program
 [(including the Community Living Assistance Services and Supports Act CLASS Act)], or law except Medicaid.

However, this Non-Duplication provision will not disqualify a Covered Expense from being used to satisfy any Elimination Period requirement.

[Coordination With Other Coverage

We will reduce the amount of Benefits We will pay for Covered Expenses when the total amount payable under this and all Other Long Term Care coverage is greater than the actual Covered Expense You incur for Covered Care.

We consider **Other Long Term Care** coverage to be coverage, whether group or individual, that provides nursing facility, assisted living facility, hospice, or home health care benefits. This applies whether those benefits are payable on an expense reimbursement, indemnity, cash payment or other basis. This also applies to benefits payable in conjunction with life insurance and annuities, but only to the extent that the benefits are payments of Qualified Long Term Care Services and exceed the amount of accelerated life insurance or annuity benefit payments.

When Coverage is reduced, the amount We will pay will be the lesser of:

- the amount We would have paid in the absence of this provision; or
- the difference between the actual Covered Expense and the total amount payable for that Covered Care under:
 - all Other Long Term Care coverage that was effective before this Coverage; plus
 - all Other Long Term Care coverage that does not coordinate its payment with this Coverage.]

[No Pre-Existing Conditions Exclusion

Except as stated in the Misstatements and Incontestability provision in the General Provisions, We will not reduce or deny any Claim because of a sickness or physical or medical condition that existed prior to the Certificate Effective Date.]

[Pre-Existing Conditions Limitation

We will not pay for Covered Expenses incurred for any care or confinement that is a result of a Pre-Existing Condition when the care or confinement begins within [six (6)][twelve (12)] months following Your initial Certificate Effective Date.

A **Pre-Existing Condition** means a condition (illness, disease, injury or symptom) for which medical advice or treatment was recommended by, or received from, a Health Care Professional within six (6) months prior to Your initial Certificate Effective Date.

A **Health Care Professional** includes: a Physician; a Nurse; a physician assistant; a physical, occupational, speech or respiratory therapist; a chiropractor; an acupuncturist; a homeopathic doctor; or a Licensed Health Care Practitioner.]

[If You were required to answer questions about Your health as part of Your Application, this Pre-Existing Conditions Limitation will not apply to You.]

If the Group Policy or this Certificate replaces another long-term care policy or certificate, We will waive any time periods applicable to pre-existing conditions for similar benefits to the extent that similar limitations or exclusions were satisfied under the original policy.]

BENEFIT PROVISIONS LIMITATIONS OR CONDITIONS ON ELIGIBILITY FOR BENEFITS

Eligibility For The Payment Of Benefits

For You to be eligible for the payment of Benefits described in this Certificate:

- You must be Chronically III;
- We must receive a Current Eligibility Certification for You; and
- We must receive ongoing proof which verifies that the Covered Care You receive is needed due to Your continually being Chronically III. The proof can be based on information from care providers, personal Physicians, other Licensed Health Care Practitioners and other sources.

Conditions For Receiving Benefits

Benefits will be paid as reimbursement for expenses paid on Your behalf only if all of the following conditions have been satisfied:

- You must meet the above Eligibility For The Payment Of Benefits requirements.
- The expenses must qualify as Covered Expenses.
- The Covered Care and related Covered Expenses must be consistent with and received pursuant to Your Plan of Care as prescribed by a Licensed Health Care Practitioner.
- Except as stated in the Extension of Benefits provision, Your Coverage must not have ended before the date(s) the Covered Care is received.
- Any applicable Elimination Period must be satisfied.
- You must not have exhausted the Coverage Maximum or any daily, monthly, annual or lifetime limits applicable to the Coverage provided for the Benefits being Claimed.
- You must meet the requirements for payment in accordance with all the provisions of this Certificate.
- The care, service, cost or item for which Benefits are payable must meet the definition of Qualified Long Term Care Services.

Definitions

Activities Of Daily Living mean the following self-care functions:

- **Bathing:** Washing oneself by sponge bath; or in either a tub or shower, including the task of getting into or out of the tub or shower.
- **Continence:** The ability to maintain control of bowel and bladder function; or, when unable to maintain control of bowel or bladder function, the ability to perform associated personal hygiene (including caring for catheter or colostomy bag).
- **Dressing:** Putting on and taking off all items of clothing and any necessary braces, fasteners or artificial limbs.
- **Eating:** Feeding oneself by getting food into the body from a receptacle (such as a plate, cup, or table) or by a feeding tube or intravenously.
- **Toileting:** Getting to and from the toilet, getting on and off the toilet, and performing associated personal hygiene.
- **Transferring:** Moving into or out of a bed, chair or wheelchair.

Chronically III and **Chronically III Individual** refer to a person who has been certified by a Licensed Health Care Practitioner as:

- being unable to perform, without Substantial Assistance from another individual, at least two (2) Activities of Daily Living due to a loss of functional capacity. In addition, this loss of functional capacity must be expected to exist for a period of at least 90 days; or
- requiring Substantial Supervision to protect the person from threats to health and safety due to Severe Cognitive Impairment.

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A **Current Eligibility Certification** is a written certification by a Licensed Health Care Practitioner who is not a member of Your Immediate Family that You meet the above requirements for being Chronically III. The certification must be renewed and submitted to Us every 12 months.

Substantial Assistance is either:

- Hands-on Assistance which is the physical assistance (minimal, moderate or maximal)
 of another person without which You would be unable to perform the Activity of Daily
 Living: or
- **Standby Assistance** which is the presence of another person within arm's reach of You that is necessary to prevent, by physical intervention, injury to Yourself while You are performing the Activity of Daily Living.

Severe Cognitive Impairment is a loss or deterioration in intellectual capacity that:

- is comparable to (and includes) Alzheimer's disease and similar forms of irreversible dementia; and
- is measured by clinical evidence and standardized tests that reliably measure impairment in the person's: short-term or long term memory; orientation as to people, places, or time; deductive or abstract reasoning; and judgment as it relates to safety awareness.

Substantial Supervision is continual supervision (which may include cueing by verbal prompting, gestures, or other demonstrations) by another nearby person that is necessary to protect the severely cognitively impaired person from threats to his or her health or safety (such as may result from wandering).

A Plan of Care is a written, individualized plan for care and support services for You that:

- has been developed as a result of an assessment and incorporates any information provided by Your personal Physician; and
- has been prescribed by a Licensed Health Care Practitioner who is not a member of Your Immediate Family; and
- fairly, accurately and appropriately addresses Your long term care and support service needs; and
- specifies: the type, frequency and duration of all services required to meet those needs; and the kinds of providers appropriate to furnish those services.

We retain the right to discuss the Plan of Care with the Licensed Health Care Practitioner and Your Physician. We may also verify that the Plan of Care is appropriate and consistent with generally accepted standards of care for a Chronically III Individual. The Plan of Care must be updated as Your needs change. We must receive a copy of the Plan of Care upon its completion and each time it is updated. We retain the right to request periodic updates not more frequently than once every 30 days. We will make a copy of the current Plan of Care available to Your personal Physician, when requested. No more than one Plan of Care may be in effect at a time.

PRIVILEGED CARE® COORDINATION SERVICES

Privileged Care Coordination Services

These services are available when You qualify as being Chronically III and require Covered Care.

These services are intended to help You identify Your care needs and community resources available to deliver care when You are Chronically III. These Privileged Care Coordination Services are furnished by a Privileged Care Coordination Team provided by Us at no cost to You. We will pay for these services when You receive them while Your Coverage is in effect. These payments will be at Our expense; and will NOT count against any payment limits.

To receive these services You or Your Representative should contact Us at Our Administrative Office.

About The Privileged Care Coordination Services

These services will provide You with access to a team of qualified individuals who will review Your specific situation and provide the following services:

- Conduct assessments of Your functional and cognitive capabilities and personal needs for care and services on an ongoing basis.
- Work with You to identify the specific care, services and providers required to meet Your needs.
- Develop and suggest initial and subsequent Plans of Care to assist You in meeting Your needs.
- Provide the initial and ongoing Current Eligibility Certifications.
- Assist You in completion of initial Claim forms, upon Your request.
- Monitor Your care needs on an ongoing basis to help You receive appropriate care while You are Chronically III.

The **Privileged Care Coordination Team** includes a Licensed Health Care Practitioner who is qualified by training and experience to assess and coordinate the overall care needs of a Chronically III Individual.

Privileged Care Coordination Services Are Voluntary

You are not required to use these Privileged Care Coordination Services. You may, at Your own expense, use a Licensed Health Care Practitioner who is not from a Privileged Care Coordination Team to provide a Plan of Care, Current Eligibility Certification, or assist in coordinating services.

Benefits Paid Will Not Reduce Any Payment Limits

Expenses paid for Privileged Care Coordination Services will not reduce the amount available under Your Coverage.

Payment Limitations

Payment for these services is NOT subject to: any Elimination Period requirement; the Coverage Maximum; or any other Coverage limits. It cannot be used to satisfy any Elimination Period requirement; and does not qualify You for any Waiver of Premium Benefit.

NURSING FACILITY BENEFIT

The Benefit

Under this Benefit We will pay for Covered Expenses incurred during Your Confinement in a Nursing Facility, as described below.

Covered Expenses

Covered Expenses for Nursing Facility care means expenses You incur for care and support services, meals and room charges provided by the Nursing Facility. They include expenses for: private duty Nursing Care provided by a Nurse who is not employed by the facility; and all levels of care (including skilled, intermediate and custodial care) provided by the Nursing Facility. They do not include expenses for medications or any items or services provided for Your comfort or convenience, such as: transportation; televisions; telephones; beauty care; guest meals; and entertainment.

Definitions

Nursing Care means care, furnished on a Physician's orders, which requires the specialized skills of a Nurse or must be performed by or under the continual, direct and immediate supervision of a Nurse to meet a person's need to: (a) improve or maintain health; and (b) receive Substantial Supervision when needed due to Severe Cognitive Impairment, or Substantial Assistance with Activities of Daily Living.

A **Nursing Facility** is a facility, not excluded below, that is engaged primarily in providing continual (24 hours-a-day, every day) Nursing Care to all of its confined inpatients in accordance with the authority granted by a license issued by the federal government or the State in which it is located. The facility must have at least one full-time (at least 30 hours per week) Nurse. A Nurse must be on duty or on call in the facility at all times. The facility must maintain a daily record of all care and services provided to its confined inpatients.

Excluded Places: A Nursing Facility is NOT any of the following: (a) a facility that does not fully satisfy the above definition; (b) a clinic or hospital (including a sub-acute care or rehabilitation hospital); (c) a place that operates primarily for the treatment of alcoholism, drug addiction, or mental illness; (d) an Assisted Living Facility; or (e) Your Home.

If a facility has multiple licenses or purposes, and has a separate ward, wing or unit in which You are Confined, We will consider You to be in a Nursing Facility only if that ward, wing or unit satisfies the above definition of a Nursing Facility.

Payment Limitations

Payment of this Benefit is subject to:

- the Elimination Period requirement;
- the Coverage Maximum;
- the payment limit shown in the Schedule for this Benefit; and
- all other provisions and conditions of this Certificate.

With the exception of Privileged Care Coordination Services and Caregiver Training payments, this Benefit will not be payable at the same time as any other Benefit.

[ASSISTED LIVING FACILITY BENEFIT

The Benefit

Under this Benefit We will pay for Covered Expenses incurred during Your Confinement in an Assisted Living Facility, as described below.

Covered Expenses

Covered Expenses for care in an Assisted Living Facility means expenses You incur for Assisted Living Care, support services and meals provided by the Assisted Living Facility. They do not include expenses for medications or any items or services provided for Your comfort or convenience, such as: transportation; televisions; telephones; beauty care; guest meals; or entertainment.

Note: Covered Expenses include room charges in an Assisted Living Facility ONLY when the Schedule states they are included in this Benefit.

Definitions

Assisted Living Care means Substantial Assistance provided to persons who are unable to perform Activities of Daily Living; and Substantial Supervision provided to persons who have Severe Cognitive Impairment.

Assisted Living Facility means a facility (including a facility for people with Alzheimer's disease) that is not excluded below and is required to engage primarily in providing continual (24 hours a day, every day) Assisted Living Care to its confined inpatients in accordance with the authority granted by a license or certification issued by the federal government or the State in which it is located.

If the facility is not required to have such a license or certification to provide continual (24 hours a day, every day) Assisted Living Care, the facility must provide Assisted Living Care in accordance with all applicable laws and regulations and at all times satisfy all of the following:

- it maintains records for all care and services provided to each confined inpatient;
- it has an awake employee on duty in the facility who is trained and ready to provide its confined inpatients with scheduled and unscheduled care and services sufficient to support needs resulting from inability to perform Activities of Daily Living or Severe Cognitive Impairment;
- it has an awake employee who is aware of the whereabouts of its confined inpatients;
- it provides three (3) meals a day and accommodates special dietary needs:
- it has written formal procedures, including an agreement with a Physician or Nurse, for the furnishing of medical care and services in case of an emergency; and
- it has the appropriate methods and procedures to provide necessary assistance to confined inpatients in managing prescribed medications.

Excluded Places: An Assisted Living Facility is NOT any of the following: (a) a facility that does not satisfy the above definition; (b) a clinic or hospital (including a sub-acute care or rehabilitation hospital); (c) a place that operates primarily for the treatment of alcoholism, drug addiction, or mental illness; (d) a Nursing Facility; or (e) Your Home.

If a facility has multiple licenses, certifications or purposes and has a separate ward, wing, or unit in which You are a Confined inpatient, We will consider You to be in an Assisted Living Facility only if such ward, wing, or unit satisfies the above definition of an Assisted Living Facility.

Payment Limitations

Payment of this Benefit is subject to:

- the Elimination Period requirement;
- the Coverage Maximum;
- the payment limit shown in the Schedule for this Benefit: and
- all other provisions and conditions of this Certificate.

With the exception of Privileged Care Coordination Services and Caregiver Training payments, this Benefit will not be payable at the same time as any other Benefit.]

[ASSISTED LIVING FACILITY BENEFIT

The Benefit

Under this Benefit We will pay for Covered Expenses incurred during Your Confinement in an Assisted Living Facility, as described below.

Covered Expenses

Covered Expenses for care in an Assisted Living Facility means expenses You incur for Assisted Living Care, support services, meals, and room charges provided by the Assisted Living Facility. They do not include expenses for medications or any items or services provided for Your comfort or convenience, such as: transportation; televisions; telephones; beauty care; guest meals; or entertainment.

Definitions

Assisted Living Care means Substantial Assistance provided to persons who are unable to perform Activities of Daily Living; and Substantial Supervision provided to persons who have Severe Cognitive Impairment.

Assisted Living Facility means a facility (including a facility for people with Alzheimer's disease) that is not excluded below and is required to engage primarily in providing continual (24 hours a day, every day) Assisted Living Care to its confined inpatients in accordance with the authority granted by a license or certification issued by the federal government or the State in which it is located.

If the facility is not required to have such a license or certification to provide continual (24 hours a day, every day) Assisted Living Care, the facility must provide Assisted Living Care in accordance with all applicable laws and regulations and at all times satisfy all of the following:

- it maintains records for all care and services provided to each confined inpatient;
- it has an awake employee on duty in the facility who is trained and ready to provide its confined inpatients with scheduled and unscheduled care and services sufficient to support needs resulting from inability to perform Activities of Daily Living or Severe Cognitive Impairment;
- it has an awake employee who is aware of the whereabouts of its confined inpatients;
- it provides three (3) meals a day and accommodates special dietary needs;
- it has written formal procedures, including an agreement with a Physician or Nurse, for the furnishing of medical care and services in case of an emergency; and
- it has the appropriate methods and procedures to provide necessary assistance to confined inpatients in managing prescribed medications.

Excluded Places: An Assisted Living Facility is NOT any of the following: (a) a facility that does not satisfy the above definition; (b) a clinic or hospital (including a sub-acute care or rehabilitation hospital); (c) a place that operates primarily for the treatment of alcoholism, drug addiction, or mental illness; (d) a Nursing Facility; or (e) Your Home.

If a facility has multiple licenses, certifications or purposes and has a separate ward, wing, or unit in which You are a Confined inpatient, We will consider You to be in an Assisted Living Facility only if such ward, wing, or unit satisfies the above definition of an Assisted Living Facility.

Payment Limitations

Payment of this Benefit is subject to:

- the Elimination Period requirement;
- the Coverage Maximum;
- the payment limit shown in the Schedule for this Benefit; and
- all other provisions and conditions of this Certificate.

With the exception of Privileged Care Coordination Services and Caregiver Training payments, this Benefit will not be payable at the same time as any other Benefit.]

[BED RESERVATION BENEFIT

The Benefit

Under this Benefit We will pay for Covered Expenses incurred to reserve Your accommodations when You are temporarily absent from a:

- Nursing Facility;
- Assisted Living Facility; or
- Hospice Care Facility.

Covered Expenses

Covered Expenses for Bed Reservation Benefits means the expenses You incur for reserving Your room accommodations in a Nursing Facility, Assisted Living Facility, or Hospice Care Facility when Your Confinement is interrupted by a temporary absence.

The temporary absence can be for any reason, including, but not limited to, hospital stays as well as spending holidays or other time with Your family.

Payment Limitations

We will pay up to the lesser of:

- the Covered Expenses You incur to reserve Your accommodations; or
- the amount We would have otherwise paid if You had remained in the Nursing Facility,
 Assisted Living Facility, or Hospice Care Facility.

Payment of this Benefit is subject to:

- the Elimination Period requirement;
- the Coverage Maximum;
- the payment limit shown above;
- the maximum payment period (days per calendar year) shown in the Schedule for this Benefit; and
- all other provisions and conditions of this Certificate.

With the exception of Privileged Care Coordination Services and Caregiver Training payments, this Benefit will not be payable at the same time as any other Benefit.]

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[BED RESERVATION BENEFIT

The Benefit

Under this Benefit We will pay for Covered Expenses incurred to reserve Your accommodations when You are temporarily absent from a Nursing Facility or Hospice Care Facility.

Covered Expenses

Covered Expenses for Bed Reservation Benefits means the expenses You incur for reserving Your room accommodations in a Nursing Facility or Hospice Care Facility when Your Confinement is interrupted by a temporary absence.

The temporary absence can be for any reason, including, but not limited to, hospital stays as well as spending holidays or other time with Your family.

Payment Limitations

We will pay up to the lesser of:

- the Covered Expenses You incur to reserve Your accommodations; or
- the amount We would have otherwise paid if You had remained in the Nursing Facility or Hospice Care Facility.

Payment of this Benefit is subject to:

- the Elimination Period requirement;
- the Coverage Maximum;
- the payment limit shown above;
- the maximum payment period (days per calendar year) shown in the Schedule for this Benefit: and
- all other provisions and conditions of this Certificate.

With the exception of Privileged Care Coordination Services and Caregiver Training payments, this Benefit will not be payable at the same time as any other Benefit.]

[HOME AND COMMUNITY CARE BENEFIT

The Benefit

Under this Benefit We will pay for Covered Expenses incurred for Home and Community Care, as described below.

Covered Expenses

Covered Expenses for Home and Community Care means expenses You incur for:

- Adult Day Care;
- Nurse and Therapist Services;
- Home Health or Personal Care Services: and
- Incidental Homemaker and Chore Care.

Definitions

Adult Day Care means a program for six (6) or more individuals of social and health-related services provided during the day in a community group setting for the purpose of supporting frail, impaired elderly or other disabled adults who can benefit from care in a group setting outside the Home.

Nurse and Therapist Services means health care services provided in Your Home by a Nurse, or a licensed physical, occupational, respiratory, or speech therapist.

Home Health or Personal Care Services means assistance You receive in Your Home from a Home Health Agency or Independent Provider with: simple health care tasks; personal hygiene; managing medications; performing Activities of Daily Living; and supervision needed when You have Severe Cognitive Impairment.

Incidental Homemaker and Chore Care means Homemaker and Chore Care provided in Your Home:

- during the same visit in which You receive Home Health or Personal Care Services covered under this Benefit; and
- by the same person who is an Independent Provider or from a Home Health Agency and provided the Home Health or Personal Care Services.

Homemaker and Chore Care means the following tasks furnished in Your Home: meal planning and preparation; doing laundry; light house cleaning (such as: vacuuming, mopping, dishwashing, cleaning the kitchen or bath, and changing bedding); minor household repairs related to Your safety at Home (such as to handrails and safety rails, stairs, or floors); taking out the garbage; and simple cleaning tasks to remove unsafe debris or dirt from Your Home. This does not mean any type of: pet care; residential upkeep, construction, renovation or routine home preservation (such as painting); lawn or yard care; snow removal; transportation or vehicle or equipment maintenance; or similar tasks.

Home Health Agency means an entity that is regularly engaged in providing Home Health or Personal Care Services for compensation and employs staff who are qualified by education, training, or experience to provide such care and services.

The entity must:

- be supervised by a qualified professional such as a Nurse, a licensed social worker, or a Physician;
- keep clinical records or care plans on all patients;
- provide ongoing supervision and training to its staff appropriate to the services to be provided; and
- have the appropriate State licensure or certification, where required.

An **Independent Provider** means a person who:

- is not affiliated with a Home Health Agency;
- provides Substantial Assistance in performing Activities of Daily Living or Substantial Supervision for someone who has Severe Cognitive Impairment; and
- is licensed or certified to provide Home Health or Personal Care Services for compensation in the State where the care and services is furnished.

We will require written proof of licensure or certification, and will accept inclusion in a State sponsored nurse aide registry, if the State in which the care and services is received maintains such a registry.

Payment Limitations

Payment of this Benefit is subject to:

- the Elimination Period requirement, unless stated otherwise in the Schedule;
- the Coverage Maximum;
- the payment limit shown in the Schedule for this Benefit; and
- all other provisions and conditions of this Certificate.]

[HOME AND COMMUNITY CARE BENEFIT

The Benefit

Under this Benefit We will pay for Covered Expenses incurred for Home and Community Care, as described below.

Covered Expenses

Covered Expenses for Home and Community Care means expenses You incur for: Adult Day Care; Nurse and Therapist Services; Home Health or Personal Care Services; and Homemaker and Chore Care.

Definitions

Adult Day Care means a program for six (6) or more individuals of social and health-related services provided during the day in a community group setting for the purpose of supporting frail, impaired elderly or other disabled adults who can benefit from care in a group setting outside the Home.

Nurse and Therapist Services means health care services provided in Your Home by a Nurse, or a licensed physical, occupational, respiratory, or speech therapist.

Home Health or Personal Care Services means assistance You receive in Your Home from a Formal or Informal Provider with: simple health care tasks; personal hygiene; managing medications; performing Activities of Daily Living; and supervision needed when You have Severe Cognitive Impairment.

Homemaker and Chore Care means the following tasks a Formal or Informal Provider furnishes in Your Home: meal planning and preparation; doing laundry; light house cleaning (such as: vacuuming, mopping, dishwashing, cleaning the kitchen or bath, and changing bedding); minor household repairs related to Your safety at Home (such as to handrails and safety rails, stairs, or floors); taking out the garbage; and simple cleaning tasks to remove unsafe debris or dirt from Your Home. This does not mean any type of: pet care; residential upkeep, construction, renovation or routine home preservation (such as painting); lawn or yard care; snow removal; transportation or vehicle or equipment maintenance; or similar tasks.

A **Formal or Informal Provider** means a person who provides care in Your Home which:

- is consistent with the needs addressed in Your Plan of Care;
- is necessary to enable You to continue to remain safely at Home; and
- is necessary because You are Chronically III.

The provider may be independent; and does not need to be associated with an agency or provider organization.

Payment Limitations

Payment of this Benefit is subject to:

- the Elimination Period requirement, unless stated otherwise in the Schedule;
- the Coverage Maximum;
- the payment limit shown in the Schedule for this Benefit; and
- all other provisions and conditions of this Certificate.]

HOME ASSISTANCE BENEFIT

The Benefit

Under this Benefit We will pay for Covered Expenses incurred for Home Assistance services and items, as described below.

Covered Expenses

Covered Expenses for Home Assistance means expenses You incur (including tax, installation and labor costs) for the following services and items:

- Home Modifications, Assistive Devices and Supportive Equipment;
- Emergency Medical Response Systems; and
- Caregiver Training.

These services and items must be:

- intended to enable You to remain safely in Your Home; and
- stated in, and furnished in accordance with, Your Plan of Care.

Definitions

Home Modifications, Assistive Devices and Supportive Equipment means items that are intended to relieve Your need for direct physical assistance; and (as stated in Your Plan of Care) are expected to enable You to remain safely in Your Home for at least 90 days after the date of purchase or first rental of the item. This may include:

- ramps to permit Your movement from one level of Your Home to another;
- grab bars to assist You in toileting, bathing or showering;
- hospital beds, wheelchairs or crutches for You alone;
- adaptive equipment to enable independent feeding and dressing (specialized utensils and fasteners); and
- pumps and other devices for intravenous injection.

This does NOT include expenses for:

- home repair or remodeling;
- the purchase, rental, installation or servicing of an elevator, escalator, garage door opener, swimming pool, hot tub, Jacuzzi or whirlpool type tub, or other similar items or services;
- items that will, other than incidentally, increase the value of Your Home; and
- artificial limbs, teeth, corrective lenses, hearing aids, or equipment placed in Your body, temporarily or permanently.

Emergency Medical Response Systems means the installation of, and any ongoing fees for, any type of medical alert system.

Caregiver Training means the training of a family member, friend, or other person to provide care for You in Your Home when that person will not be paid to care for You. Caregiver Training consists of training in the proper use and care of a therapeutic device or an appropriate care giving procedure. It does not include training received when You are Confined in a hospital, Nursing Facility or Assisted Living Facility, unless it is reasonably expected that the training will make it possible for You to return to Your Home, where You can be cared for by the person receiving the training.

Payment Limitations

Payment of this Benefit is subject to: the Coverage Maximum; the payment limit shown in the Schedule for this Benefit; and all other provisions and conditions of this Certificate. Payment of this Benefit is not subject to any Elimination Period requirement; and cannot be used to satisfy any Elimination Period requirement.

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[INFORMAL CARE BENEFIT

The Benefit

Subject to the Payment Limitations below, We will pay for Covered Expenses incurred for Informal Care, as described below.

Covered Expenses

Covered Expenses means expenses You incur for Informal Care that is:

- intended to enable You to remain in Your Home; and
- stated in, and furnished in accordance with, Your Plan of Care.

Definition

Informal Care means health and personal care assistance another person (which can include a member of Your Immediate Family) provides to You, in Your Home, because You are Chronically III.

The person providing the assistance must be someone who:

- did not reside with You in Your Home at the time You first satisfied the Eligibility for the Payment of Benefits provision; and
- is not compensated, as an employee, by any organization that is paid to provide such assistance.

The assistance may be in the form of:

- help with simple health care tasks, personal hygiene, or managing medications;
- Substantial Assistance in performing Activities of Daily Living; or
- Substantial Supervision when You have Severe Cognitive Impairment.

Your Plan of Care must specify the type, frequency and duration of Informal Care required.

Payment Limitations

This Benefit will not be paid for any day for which payment is made under the Home and Community Care Benefit.

Payment of this Benefit is subject to:

- the Elimination Period requirement, unless stated otherwise in the Schedule;
- the Coverage Maximum:
- the payment limit shown in the Schedule for this Benefit; and
- all other provisions and conditions of this Certificate.]

[TRANSITION BENEFIT

The Benefit

Subject to the Payment Limitations below, We will pay for Covered Expenses incurred while You are satisfying the Elimination Period, as described below.

Covered Expenses

Covered Expenses for this Transition Benefit means expenses You incur for Qualified Long Term Care Services received during the Elimination Period.

The amount determined from the Schedule for this Benefit will be paid as a lump sum once We have verified that You have: (a) satisfied the Eligibility for the Payment of Benefits provision; and (b) begun to satisfy the Elimination Period. You may use this payment to cover costs associated with care received during the Elimination Period.

Payment Limitations

This is a one-time Benefit. Payment of this Benefit is subject to:

- the Coverage Maximum;
- the payment limit shown in the Schedule for this Benefit; and
- all other provisions and conditions of this Certificate.

Payment of this Benefit is not subject to any Elimination Period requirement; and cannot be used to satisfy any Elimination Period requirement.

Notice Regarding Tax Law - Payment of this Benefit may have tax implications. You are advised to review this benefit with a qualified tax professional to determine any such tax impact.]

HOSPICE CARE BENEFIT

The Benefit

Under this Benefit We will pay for Covered Expenses incurred for Hospice Care, as described below.

Covered Expenses

Covered Expenses for Hospice Care means expenses You incur for:

- Hospice Care received while You are living at Home; and
- Hospice Care and related care and support services (including room charges) provided by a Hospice Care Facility.

Covered Expenses for Hospice Care do not include:

- the cost of medications, supplies, equipment or Physician visits; and
- any charges for: transportation; televisions; telephones; beauty care; guest meals; or entertainment.

Definitions

Hospice Care means services designed to provide palliative care and alleviate Your physical, emotional, spiritual and social discomforts when You are:

- Chronically III; and
- Terminally III.

Hospice Care Facility means a facility that provides a formal Hospice Care program directed by a Physician on an inpatient basis. A Hospice Care Facility must be licensed or certified by the State in which it is located, if such license or certification is required. A Hospice Care Facility may be licensed or certified as a Nursing Facility, Assisted Living Facility, or other type of health care facility. A Hospice Care Facility does not mean a hospital, clinic, a community living center, or a place that provides residential or retirement care only.

Terminally III means having six (6) months or less to live, as determined by a Physician.

Payment Limitations

Payment of this Benefit is subject to:

- the Coverage Maximum;
- the payment limit shown in the Schedule for the Nursing Facility Benefit when Hospice Care is received in a Hospice Care Facility;
- the payment limit shown in the Schedule for the Home and Community Care Benefit for Hospice Care received while You are living at Home; and
- all other provisions and conditions of this Certificate.

Payment of this Benefit is not subject to any Elimination Period requirement; and cannot be used to satisfy any Elimination Period requirement.

With the exception of Privileged Care Coordination Services and Caregiver Training payments, this Benefit will not be payable at the same time as any other Benefit.

RESPITE CARE BENEFIT

The Benefit

Under this Benefit We will pay for Covered Expenses incurred for Respite Care, as described below.

Covered Expenses

Covered Expenses for Respite Care means expenses You incur for Respite Care that would be payable under the following if there were no Elimination Period requirement:

- the Nursing Facility Benefit;
- the Assisted Living Facility Benefit; and
- the Home and Community Care Benefit.

Definition

Respite Care means temporary care You receive in order to provide short-term relief for the person who normally and primarily provides You with care in Your Home on a regular, unpaid basis.

Your Plan of Care must state:

- the name of the unpaid caregiver for whom the respite is being provided;
- the period of respite; and
- the Covered Care You will require to replace care normally provided by the unpaid caregiver.

Respite Care can be received: in Your Home; or during a temporary stay in a Nursing Facility or Assisted Living Facility.

Payment Limitations

Payment of this Benefit is subject to:

- the Coverage Maximum.
- the payment limit shown in the Schedule for the Nursing Facility Benefit for Respite Care received in a Nursing Facility;
- the payment limit shown in the Schedule for the Assisted Living Facility Benefit for Respite Care received in an Assisted Living Facility;
- the payment limit shown in the Schedule for the Home and Community Care Benefit for Respite Care received while You are living at Home:
- the maximum payment period (days per calendar year) shown in the Schedule for this Benefit; and
- all other provisions and conditions of this Certificate.

Payment of this Benefit is not subject to any Elimination Period requirement; and days of Covered Care under it cannot be used to satisfy any Elimination Period requirement.

ALTERNATE CARE BENEFIT

The Benefit

Under this Benefit We will pay for Covered Expenses incurred for Alternate Care, as described below.

Covered Expenses

Covered Expenses for Alternate Care means the expenses You incur for Qualified Long Term Care Services that:

- are furnished in accordance with a Mutual Agreement;
- are not specifically covered under another Benefit;
- are not specifically excluded from payment;
- are cost-effective alternatives to care and services available under this Certificate;
- are clearly specified in Your Plan of Care and in the Mutual Agreement;
- are received after Our written approval of the Mutual Agreement; and
- are received while the Mutual Agreement is in effect.

Definition

The **Mutual Agreement** is a written document agreed to by You, Your personal Physician and Us which sets forth:

- the care and services, devices and treatments that will be considered as Covered Care under this Benefit:
- how any Elimination Period requirement affects payment under this Benefit; and
- the duration and payment maximums for Covered Care under this Benefit.

The Mutual Agreement will not waive any rights You or We have with respect to this Certificate

The Mutual Agreement may be discontinued at any time, by either You or Us, without affecting Your right to Benefits otherwise remaining under this Certificate.

Payment Limitations

Payment of this Benefit is subject to:

- the Elimination Period requirement, if any, set forth in the Mutual Agreement;
- the Coverage Maximum;
- the payment limits set forth in the Mutual Agreement; and
- all other provisions and conditions of this Certificate.

[RESTORATION BENEFIT

The Benefit

Subject to the Payment Limitations below, We will provide a Restoration by increasing the amount of Your unused Coverage Maximum if, after receiving Benefits, You Fully Recover from being Chronically III, as described below.

Definitions

Fully Recover means that for a period of 180 consecutive days:

- this Certificate has been continuously in force on a Premium paying basis;
- You have neither required, nor received, care or services that would qualify as Covered Care:
- You have been able to continuously perform at least 5 Activities of Daily Living without any direct supervision or assistance; and
- You have not had Severe Cognitive Impairment.

To verify that You have Fully Recovered, You must give Us the right, at Our expense, to:

- obtain copies of Your medical records and care notes;
- interview You and Your care providers and Licensed Health Care Practitioners;
- perform on-site nursing, functional and/or cognitive assessments; and
- require a physical examination.

Restoration means that We will increase the amount in Your unused Coverage Maximum by the amount of Covered Expenses previously paid by Us that were not previously restored.

Payment Limitations

This Restoration will apply only to Your Coverage Maximum. No other Benefit payment limit will be changed.

This Restoration will not apply when this Certificate is in force under any Nonforfeiture Benefit.]

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INTERNATIONAL NURSING FACILITY BENEFIT

The Benefit

Subject to the Conditions below, We will pay for Covered Expenses incurred during Your Confinement in an Out-of-Country Nursing Facility, as described below.

Covered Expenses

Covered Expenses for International Nursing Facility Care means expenses You have paid for care and support services (including room and board) provided to You by an Out-of-Country Nursing Facility under the Conditions stated below.

Covered Expenses do not include expenses for prescription medications or any items or services provided for Your comfort and convenience, such as: transportation; televisions; telephones; beauty care; guest meals; and entertainment.

Conditions

Payment of this Benefit is subject to all of the following conditions:

- We will not provide Privileged Care Coordination Services in connection with this Benefit.
- The Waiver of Premium Benefit will not apply to any period for which payment is made under this Benefit.
- We must receive proof, satisfactory to Us, that You are eligible for Benefit payments. At Your own expense, You must obtain and furnish Us with complete documentation in English. Such documentation shall include, but is not limited to:
 - A Current Eligibility Certification from a Licensed Health Care Practitioner that You are Chronically III.
 - A satisfactory Plan of Care prescribing the need for Confinement care due to Your being Chronically III.
 - Properly completed Claims forms, billing statements, and supporting medical and care documentation acceptable to Us as verifiable proof of loss and payment.
 - A copy of Your passport, airline ticket or other proof acceptable to Us that You are outside the United States at the time You are receiving care.

We may require that You provide Us with all of the above information at reasonable intervals. We will not require this more frequently than monthly.

This Benefit will not be payable if it is prohibited by the United States Government sanctions as specified by the United States Department of the Treasury's Office of Foreign Assets Control (or its successor organization). This includes, but is not limited to, care delivered in a foreign country to which travel is prohibited under Federal law.

Definition

An **Out-of-Country Nursing Facility** is an institution, not excluded below, that:

- is located outside the United States; and
- is a legally operated facility that is engaged primarily in providing continual (24 hours-aday, every day) nursing care to all of its residents or inpatients; and
- satisfies all of the following requirements.

Requirements: To satisfy this Out-of-Country Nursing Facility definition, such facility, or a separate portion, ward, wing or unit thereof, must at all times:

- provide such nursing care in accordance with the authority granted by a license or similar accreditation acceptable to Us that has been issued by the national or requisite political subdivision of the country in which it is located to provide the levels of care for which Benefits would be payable under the Nursing Facility Benefit;
- employ at least one full-time (at least 30 hours per week) Graduate Nurse;
- have a Graduate Nurse on duty or on call in the facility at all times;
- have an awake employee on duty in the facility who is:
 - trained and ready to provide its residents with scheduled and unscheduled care and services sufficient to support needs resulting from inability to perform Activities of Daily Living or Severe Cognitive Impairment; and
 - aware of the whereabouts of the residents;
- provide three (3) meals a day and accommodate special dietary needs:
- have arrangements with a Physician or Graduate Nurse to furnish medical care and services in case of an emergency;
- have the appropriate methods and procedures to provide necessary assistance to residents in managing prescribed medications; and
- have accommodations for at least 10 resident inpatients in that location.

For the purposes of this definition, a **Graduate Nurse** is a person who has:

- completed a post-secondary nursing care training program; and
- a current license to provide skilled nursing care to sick or infirm individuals under the direction of a Physician.

Excluded Places: An Out-of-Country Nursing Facility is NOT any of the following:

- A hospital (including any sub-acute or rehabilitation hospital) or clinic.
- An Assisted Living Facility.
- A place that operates primarily for the treatment of alcoholism, drug addiction, or mental illness.
- Your Home or other residential establishment or environment, including an ocean going vessel.

Payment Limitations

Payment of this Benefit is subject to:

- the Elimination Period requirement;
- the Coverage Maximum;
- the limits determined below; and
- all other provisions and conditions of this Certificate.

Payment for care in an Out-of-Country Nursing Facility will not exceed 75% of the Nursing Facility Maximum.

This Benefit will not be payable at the same time as any other Benefit.

No payment will be made under this Benefit for expenses incurred more than 4 years after the date the first expense payable under this Benefit is incurred.

If this Benefit is subject to a monthly maximum, payment for periods of less than a full calendar month will be pro-rated based on: a 30-day month; and the number of days for which payment is being made.]

[INTERNATIONAL COVERAGE BENEFIT

The Benefit

Subject to the Conditions below, We will pay for Covered Expenses incurred outside the United States, as described below.

Covered Expenses

Covered Expenses for International Coverage means expenses You have paid for care and support services received outside of the United States that are provided:

- in a Home and would otherwise have been payable under the Home and Community Care Benefit: or
- to You by an Out-of-Country Nursing Facility (including room and board) under the Conditions stated below.

Covered Expenses do not include expenses for prescription medications or any items or services provided for Your comfort and convenience, such as: transportation; televisions; telephones; beauty care; guest meals; and entertainment.

Conditions

Payment of this Benefit is subject to all of the following conditions:

- We will not provide Privileged Care Coordination Services in connection with this Benefit.
- The Waiver of Premium Benefit will not apply to any period for which payment is made under this Benefit.
- We must receive proof, satisfactory to Us, that You are eligible for Benefit payments. At Your own expense, You must obtain and furnish Us with complete documentation in English. Such documentation shall include, but is not limited to:
 - A Current Eligibility Certification from a Licensed Health Care Practitioner that You are Chronically III.
 - A satisfactory Plan of Care prescribing the need for Covered Care due to Your being Chronically III.
 - Properly completed Claims forms, billing statements, and supporting medical and care documentation acceptable to Us as verifiable proof of loss and payment.
 - A copy of Your passport, airline ticket or other proof acceptable to Us that You are outside of the United States at the time You are receiving care.

We may require that You provide Us with all of the above information at reasonable intervals. We will not require this more frequently than monthly.

This Benefit will not be payable if it is prohibited by the United States Government sanctions as specified by the United States Department of the Treasury's Office of Foreign Assets Control (or its successor organization). This includes, but is not limited to, care delivered in a foreign country to which travel is prohibited under Federal law.

Definition

An Out-of-Country Nursing Facility is an institution, not excluded below, that:

- is located outside of the United States; and
- is a legally operated facility that is engaged primarily in providing continual (24 hours-aday, every day) nursing care to all of its residents or inpatients; and
- satisfies all of the following requirements.

Requirements: To satisfy this Out-of-Country Nursing Facility definition, such facility, or a separate portion, ward, wing or unit thereof, must at all times:

- provide such nursing care in accordance with the authority granted by a license or similar accreditation acceptable to Us that has been issued by the national or requisite political subdivision of the country in which it is located to provide the levels of care for which Benefits would be payable under the Nursing Facility Benefit;
- employ at least one full-time (at least 30 hours per week) Graduate Nurse;
- have a Graduate Nurse on duty or on call in the facility at all times;

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- have an awake employee on duty in the facility who is:
 - trained and ready to provide its residents with scheduled and unscheduled care and services sufficient to support needs resulting from inability to perform Activities of Daily Living or Severe Cognitive Impairment; and
 - aware of the whereabouts of the residents;
- provide three (3) meals a day and accommodate special dietary needs;
- have arrangements with a Physician or Graduate Nurse to furnish medical care and services in case of an emergency;
- have the appropriate methods and procedures to provide necessary assistance to residents in managing prescribed medications; and
- have accommodations for at least 10 resident inpatients in that location.

For the purposes of this definition, a **Graduate Nurse** is a person who has:

- completed a post-secondary nursing care training program; and
- a current license to provide skilled nursing care to sick or infirm individuals under the direction of a Physician.

Excluded Places: The definition of an Out-of-Country Nursing Facility does NOT include any of the following:

- A hospital (including any sub-acute or rehabilitation hospital) or clinic.
- An Assisted Living Facility.
- A place that operates primarily for the treatment of alcoholism, drug addiction, or mental illness.
- Your Home or other residential establishment or environment, including an ocean going vessel.

Payment Limitations

Payment of this Benefit is subject to: the Elimination Period requirement; the Coverage Maximum; the limits determined below; and all other provisions and conditions of this Certificate.

This Benefit will not be payable at the same time as any other Benefit. Payment for care in an Out-of-Country Nursing Facility will not exceed 50% of the Nursing Facility Maximum.

Payment under this Benefit for Covered Care at Home will not exceed 50% of the amount payable for care in an Out-of-Country Nursing Facility and is limited to payment for 365 days on which You receive Covered Care at Home.

No payment will be made under this Benefit for expenses incurred more than 4 years after the date the first expense payable under this Benefit is incurred.

If this Benefit is subject to a monthly maximum, payment for periods of less than a full calendar month will be pro-rated based on: a 30-day month; and the number of days for which payment is being made.]

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WAIVER OF PREMIUM BENEFIT

The Benefit

The Schedule specifies the Benefits for which this waiver applies. We will waive Your Premium payments for each Coverage Month that begins while You are receiving Covered Care for which payment will be made under any such Benefit. This waiver applies to the entire Premium for this Certificate (including all applicable Riders).

This waiver stops when You no longer incur Covered Expenses for which payment will be made under any of the Benefits to which it applies. Any Premium paid for Coverage Months during which the waiver applies will be credited toward Your future Premium. When this waiver stops You will be required to resume and continue paying Premium as it becomes due in accordance with this Certificate's Premium Payment Mode.

If this Certificate terminates and Your Coverage ends and You have paid Premium for Coverage Months during which the waiver applies, any Unearned Premium will be refunded as provided in the Refund of Unearned Premium provision.

[GRADED REFUND OF PREMIUM ON DEATH BENEFIT

The Benefit

Subject to the Payment Limitations below, We will pay a full or partial refund of Premium in the event You die before age 75 and while this Certificate is in force.

How Much We Will Pay

We will pay as a refund of Premium an amount equal to A minus B, where:

A = The Covered Percent of the total amount of Premium paid (and not waived) for this Certificate; and

B = The amount of any Benefits paid or payable under this Certificate.

The Covered Percent used to determine the refund amount depends on Your age on Your Premium Due Date immediately prior to Your death, as determined from the table below.

	Covered		Covered
<u>Age</u>	Percent	<u>Age</u>	<u>Percent</u>
65 or less	100%	71	40%
66	90%	72	30%
67	80%	73	20%
68	70%	74	10%
69	60%	75 or older	0%
70	50%		

This Benefit will be paid to Your designated beneficiary. If no beneficiary is named or none survives You, this Benefit will be paid to Your estate.

Payment Limitations

We must receive written proof of Your death within one (1) year of Your death. This Benefit will not be paid if this Certificate was being continued in force under any Nonforfeiture Benefit.

The payment for any Claim We receive after this Benefit has been paid will be reduced by the amount paid under this Benefit.

Notice Regarding Tax Law - Payment of this Benefit may have tax implications for Your estate or designated beneficiary. You are advised to review this Benefit with a qualified tax professional to determine any such tax impact.]

[10 YEAR REFUND OF PREMIUM ON DEATH BENEFIT

The Benefit

Subject to the Payment Limitations below, We will pay a refund of Premium in the event You die:

- while this Certificate is in force; and
- after this Certificate has been in force for at least 10 consecutive years.

How Much We Will Pay

We will pay as a refund of Premium an amount equal to:

- the total amount of Premium paid (and not waived) for this Certificate; REDUCED BY
- the amount of any Benefits paid or payable under this Certificate.

This Benefit will be paid to Your designated beneficiary. If no beneficiary is named or none survives You, this Benefit will be paid to Your estate.

Payment Limitations

We must receive written proof of Your death within one (1) year of Your death. This Benefit will not be paid if this Certificate was being continued in force under any Nonforfeiture Benefit.

The payment for any Claim We receive after this Benefit has been paid will be reduced by the amount paid under this Benefit.

Notice Regarding Tax Law - Payment of this Benefit may have tax implications for Your estate or designated beneficiary. You are advised to review this Benefit with a qualified tax professional to determine any such tax impact.]

[NONFORFEITURE BENEFIT

The Benefit

Subject to the Payment Limitations below, this Benefit provides a continuation of Your Coverage if this Certificate terminates and Your Coverage ends because the Premium due is not received by Us by the end of the Grace Period (lapse) before the Coverage Maximum has been exhausted.

Nonforfeiture Allowance

As used below, the Nonforfeiture Allowance is the greater of:

- the sum of all Premium paid for this Certificate, excluding any waived Premium; or
- the amount equal to one month (30 days) of Benefits under the Nursing Facility Benefit that is in effect at the time of lapse.

Conditions

The continuation of Your Coverage is subject to the following conditions:

- This Benefit must have been in force for at least 3 consecutive years when this Certificate lapses (as noted above).
- This Certificate will be continued under a paid-up status (with no further Premium becoming due); subject to all of the terms and conditions of this Certificate.
- Except as stated below, this Certificate will have the same Benefits, Elimination Period requirements and other payment limits that were in effect at the time of lapse.
- Any Benefit Increases provision that was in effect will no longer apply.

Payment Limitations

Coverage under this Benefit ends when the first of the following occurs:

- the total Covered Expense paid under this Benefit equals the Nonforfeiture Allowance; or
- Your Coverage Maximum, as determined from the Schedule, is exhausted.]

CONTINGENT NONFORFEITURE BENEFIT

The Benefit

This Benefit allows You to convert to a Shortened Benefit Period if We make a substantial increase in the Premium for this Certificate.

How This Benefit Works

If We make a substantial increase in Your Premium, as determined by the following Table, We will do all of the following at least 60 days prior to the date the Premium increase is to take effect:

- offer to reduce Your current level of coverage without proof of insurability so that the required Premium for this Certificate is not increased;
- offer to convert this Certificate to a paid-up status with a Shortened Benefit Period as described below. This option may be elected at any time during the 120-day period following the date of the Premium increase; and
- notify You that a default or lapse at any time during the 120-day period following the date
 of the Premium increase will be deemed to be the election of the preceding offer to
 convert. A default or lapse is Your failure to pay the required Premium within the Grace
 Period.

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Issue	Increase Over	Issue	Increase Over	Issue	Increase Over
<u>Age</u>	Initial Premium	<u>Age</u>	Initial Premium	<u>Age</u> I	nitial Premium
29 and Under	200%	66	48%	79	22%
30 - 34	190%	67	46%	80	20%
35 - 39	170%	68	44%	81	19%
40 - 44	150%	69	42%	82	18%
45 – 49	130%	70	40%	83	17%
50 - 54	110%	71	38%	84	16%
55 – 59	90%	72	36%	85	15%
60	70%	73	34%	86	14%
61	66%	74	32%	87	13%
62	62%	75	30%	88	12%
63	58%	76	28%	89	11%
64	54%	77	26%	90 & over	r 10%
65	50%	78	24%		

^{*} Percentage increase is cumulative from date of original issue. It does NOT include any increases attributed to later changes or Your election of additional or increased benefit levels.

Shortened Benefit Period

If You convert in accordance with the above, this Certificate will continue with a reduced Coverage Maximum. It will have the same Benefits, Elimination Period requirements and other payment limits that were in effect at the time of lapse or election to convert. These limits will not be affected by any Benefit Increases provision. The amount of reduced Coverage Maximum will be the greater of:

- 100% of all Premium paid for this Certificate, excluding any waived Premium; or
- the maximum amount in effect at the time of default or lapse for one month (30 days) under the Nursing Facility Benefit.

It will not be reduced by any Benefits previously paid for this Certificate.

Payment Limitations

Payment is subject to the limits determined above for the Shortened Benefit Period plan. In addition, the total amount payable under this Benefit and this Certificate, while it was in force prior to conversion, is limited to the maximum amount that would have been paid if this Certificate had remained in Premium paying status. This Benefit will not apply if this Certificate is continued in accordance with any other Nonforfeiture Benefit.

Please keep this Certificate in a safe place with Your other important documents.

GRADED REFUND OF PREMIUM ON DEATH BENEFIT RIDER

This Rider adds the following Graded Refund Of Premium On Death Benefit to Your Certificate.

GRADED RETURN OF PREMIUM ON DEATH BENEFIT

The Benefit

Subject to the Payment Limitations below, We will pay a full or partial refund of Premium in the event You die before age 75 and while Your Certificate is in force.

How Much We Will Pay

We will pay as a refund of Premium an amount equal to A minus B, where:

A = The Covered Percent of the total amount of earned Premium paid (and not waived) for Your Certificate; and

B = The amount of any benefits paid or payable under Your Certificate.

The Covered Percent used to determine the refund amount depends on Your age on Your Premium Due Date immediately prior to Your death, as determined from the table below.

	Covered		Covered
<u>Age</u>	<u>Percent</u>	<u>Age</u>	<u>Percent</u>
65 or less	100%	71	40%
66	90%	72	30%
67	80%	73	20%
68	70%	74	10%
69	60%	75 or older	0%
70	50%		

This Benefit will be paid to Your designated beneficiary. If no beneficiary is named or none survives You, this Benefit will be paid to Your estate.

Payment Limitations

We must receive written proof of Your death within one (1) year of Your death. This Benefit will not be paid if Your Coverage was being continued in force under any Nonforfeiture Benefit.

The payment for any Claim We receive after this Benefit has been paid will be reduced by the amount paid under this Benefit.

Notice Regarding Tax Law: Payment of this Benefit may have tax implications for Your estate or designated beneficiary. You are advised to review this Benefit with a qualified tax professional to determine any such tax impact.

When this Rider is in Force

This Rider is a part of the Certificate. It has been issued in consideration of Your Application and payment of the Premium shown in the Schedule. It takes effect on the Certificate Effective Date. It continues until terminated. It automatically terminates on the earliest of:

- the Premium Due Date on which You are 75 years of age;
- the date the Certificate terminates and Your Coverage ends;
- the date Your Certificate is continued under any Nonforfeiture Benefit; or
- the Premium Due Date following Our receipt of Your written request to terminate this Rider.

In all other respects the provisions and conditions of the Certificate remain the same.

Signed for Genworth Life Insurance Company.

Secretary

10 YEAR REFUND OF PREMIUM ON DEATH BENEFIT RIDER

This Rider adds the following 10 Year Refund Of Premium On Death Benefit to Your Certificate.

10 YEAR REFUND OF PREMIUM ON DEATH BENEFIT

The Benefit

Subject to the Payment Limitations below, We will pay a Refund of Premium in the event You die:

- while Your Coverage is in force; and
- after Your Coverage has been in force for at least 10 consecutive years.

How Much We Will Pay

We will pay as a refund of Premium an amount equal to:

- the total amount of Premium paid (and not waived) for Your Certificate; REDUCED BY
- the amount of any Benefits paid or payable under Your Certificate.

This Benefit will be paid to Your designated beneficiary. If no beneficiary is named or none survives You, this Benefit will be paid to Your estate.

Payment Limitations

We must receive written proof of Your death within one (1) year of Your death. This Benefit will not be paid if Your Certificate was being continued in force under any Nonforfeiture Benefit.

The payment for any Claim We receive after this Benefit has been paid will be reduced by the amount paid under this Benefit.

Notice Regarding Tax Law: Payment of this Benefit may have tax implications for Your estate or designated beneficiary. You are advised to review this Benefit with a qualified tax professional to determine any such tax impact.

When this Rider is in Force

This Rider is a part of the Certificate. It has been issued in consideration of Your Application and payment of the Premium shown in the Schedule. It takes effect on the Certificate Effective Date. It continues until terminated. It automatically terminates on the earliest of:

- the date the Certificate terminates and Your Coverage ends; or
- the date Your Certificate is continued under any Nonforfeiture Benefit; or
- the Premium Due Date following Our receipt of Your written request to terminate this Rider.

In all other respects the provisions and conditions of the Certificate remain the same.

Signed for Genworth Life Insurance Company.

Secretary

NONFORFEITURE BENEFIT RIDER

This Rider adds the following Nonforfeiture Benefit to Your Certificate.

NONFORFEITURE BENEFIT

The Benefit

Subject to the Payment Limitations below, this Benefit provides a continuation of Your Coverage if the Certificate terminates and Your Coverage ends because the Premium due is not received by Us by the end of the Grace Period (lapse) before the Coverage Maximum has been exhausted.

Nonforfeiture Allowance

As used below, the Nonforfeiture Allowance is the greater of:

- the sum of all Premium paid for the Certificate, excluding any waived Premium; or
- the amount equal to one month (30 days) of Benefits under the Nursing Facility Benefit that is in effect at the time of lapse.

Conditions

The continuation of Your Coverage is subject to the following conditions:

- This Benefit must have been in force for at least 3 consecutive years when Your Certificate lapses (as noted above).
- The Certificate will be continued under a paid-up status (with no further Premium becoming due); subject to all of the terms and conditions of the Certificate.
- Except as stated below, the Certificate will have the same Benefits, Elimination Period requirements and other payment limits that were in effect at the time of lapse.
- Any Benefit Increases provision that was in effect will no longer apply.

Payment Limitations

Coverage under this Benefit ends when the first of the following occurs:

- the total Covered Expense paid under this Benefit equals the Nonforfeiture Allowance; or
- Your Coverage Maximum, as determined from the Schedule, is exhausted.

When this Rider is in Force

This Rider is a part of the Certificate. It has been issued in consideration of Your Application and payment of the Premium shown in the Schedule. It takes effect on the Certificate Effective Date. It continues until terminated. It automatically terminates on the earliest of:

- the date the Certificate terminates and Your Coverage ends, subject to the provisions of this Rider; or
- the Premium Due Date following Our receipt of Your written request to terminate this Rider.

In all other respects the provisions and conditions of the Certificate remain the same.

Signed for Genworth Life Insurance Company.

Secretary

SHARED COVERAGE RIDER

This Rider adds the following Shared Coverage provisions to Your Certificate.

The Benefit

Subject to the Conditions below, We will automatically continue Your Spouse or Partner's coverage using the remaining Coverage Maximum of Your Certificate when his or her Certificate terminates because the Coverage Maximum of his or her Certificate has been exhausted. In this event, the person named as Your Spouse or Partner will be covered under Your Coverage the same as You. Your Spouse or Partner for the purposes of this Rider is the person named as such in the Schedule of Your Certificate.

If the Schedule in Your Certificate states that this Rider is:

- "Included With Joint Waiver" We will waive Premium payments for both You and Your Spouse or Partner while either You or Your Spouse or Partner qualifies for a Waiver of Premium Benefit. This includes waiving Premium for:
 - both You and Your Spouse or Partner while Premium is being waived under either person's certificate; and
 - Your Certificate when Your Spouse or Partner qualifies for the Waiver of Premium Benefit while continuing Coverage under Your Certificate.
- "Included Without Joint Waiver" This Rider will have no effect on the waiver of Premium for Your Spouse or Partner's certificate. In addition, Premium for Your Certificate will only be waived when You qualify for the Waiver of Premium Benefit. Your Spouse or Partner cannot qualify for the Waiver of Premium under Your Certificate even if he or she becomes the sole Insured upon Your death.

Conditions

Coverage under this Rider is subject to all of the following conditions:

- Your Certificate with Us and Your Spouse or Partner's Certificate with Us must be identical. This means that You and Your Spouse or Partner must both be covered under the same Group Policy and have the same Shared Coverage Rider form with the same plans, Benefit levels and Benefit options.
- You must be named as the Spouse or Partner for Shared Coverage in the Schedule in his or her Certificate; and he or she must be named as the Spouse or Partner for Shared Coverage in the Schedule in Your Certificate.
- Your Certificate will only pay for Covered Expenses Your Spouse or Partner incurs after the date his or her Certificate has exhausted its Coverage Maximum.
- Benefits under Your Certificate on behalf of Your Spouse or Partner will be paid according to the applicable Benefits, limits, Claims payment provisions and all other provisions of Your Certificate on the date the expense is incurred; and count against the Coverage Maximum of Your Certificate.
- No Elimination Period requirement will apply to the continuation of Your Spouse or Partner's Coverage under Your Certificate.
- Continuation of Your Spouse or Partner's Coverage under Your Certificate will terminate when the Coverage Maximum of Your Certificate is exhausted.
- We will give You written notice when Your Spouse or Partner has begun to access Coverage under Your Certificate.

Coverage Maximum Transfer/Continued Sharing Upon Death

Coverage Maximum Transfer: If You die while both You and Your Spouse or Partner have Shared Coverage Riders in force, upon written notification of Your death, the remaining Coverage Maximum of Your Certificate will be added to the Coverage Maximum of Your Spouse or Partner's Certificate.

Continued Sharing: If You die while this Rider is in force and Your Spouse or Partner is sharing Coverage under Your Certificate at the time of Your death, he or she may continue Coverage under Your Certificate subject to the terms of this Rider.

Affect on Premium: When You die and either the Coverage Maximum Transfer or Continued Sharing provisions apply to Your Spouse or Partner's Coverage, Premium for the Certificate under which the survivor is then insured will no longer include the cost of this Rider.

Guaranteed Minimum Benefit

Guaranteed Minimum: 50% of Your Coverage Maximum in effect on the Certificate Effective Date.

To ensure that at least the Guaranteed Minimum is available to pay for Covered Expenses You may incur, We will reset Your Coverage Maximum on the date Your Coverage Maximum is exhausted; but only if the total Benefits paid or payable for Your Covered Expenses are less than the Guaranteed Minimum.

When this reset occurs:

- Your Coverage Maximum will equal the Guaranteed Minimum reduced by the total Benefits paid or payable for Your Covered Expenses.
- Any future Benefit Increases will be based on the Coverage Maximum as changed under this Guaranteed Minimum Benefit.
- All other Benefit limits, terms and conditions of Your Certificate will remain the same.
- The Certificate will cover You alone; and this Rider will terminate.
- The cost of this Rider will no longer apply to Your future Premium.

When This Rider Is In Force

This Rider is a part of the Certificate. It has been issued in consideration of Your Application and payment of the Premium shown in the Schedule. It takes effect on the Certificate Effective Date. It can be continued in force by the timely payment of Premium until it is terminated.

Except as provided in the "Note" below, this Rider will automatically terminate on the earlier of:

- The date the Certificate terminates and Your Coverage ends.
- The date the Certificate is continued under any Nonforfeiture Benefit.
- The date of death of Your Spouse or Partner.
- The date the identical Shared Coverage Rider on Your Spouse or Partner's Certificate ends for any reason other than exhausting the Coverage Maximum applicable to his or her Certificate.
- The date We reset Your Coverage Maximum as provided under the Guaranteed Minimum Benefit.
- The date the Benefit levels and Benefit options under the Certificates of both You and Your Spouse or Partner are no longer identical due to a change in coverage elected by either You or Your Spouse or Partner.
- The Premium Due Date following Our receipt of Your written request to terminate this Rider.

Note: This Rider cannot be terminated if Your Spouse or Partner has begun to access Benefits under Your Certificate until he or she is no longer eligible for continued Benefits under Your Certificate.

In all other respects the provisions and conditions of the Certificate remain the same.

Signed for Genworth Life Insurance Company.

Secretary

10 YEAR SURVIVORSHIP BENEFIT RIDER

This Rider adds the following 10 Year Survivorship Benefit to Your Certificate.

10 YEAR SURVIVORSHIP BENEFIT

The Benefit

Subject to the Conditions below, if Your Spouse or Partner for this Benefit dies, Your Certificate will be paid up and no further Premium payments will be required for Your Certificate when all of the following Conditions have been met. Your Spouse or Partner for the purposes of this Benefit is the person named as such in the Schedule of Your Certificate.

Conditions

You must meet the following conditions on the date Your Spouse or Partner for this Benefit dies:

- both You and Your Spouse or Partner continuously had long term care insurance that:
 - was provided under an individual or group policy issued by Us;
 - at the time of his or her death had been in force, other than under any Nonforfeiture Benefit, for at least the prior 10 year period; and
 - included a similar 10 Year Survivorship Benefit for the entire prior 10 year period; and
 - no long term care Benefits were paid or payable by Us for either person for care received during the first 10 years of such concurrent Survivorship Benefit Coverage; and
- he or she had been Your Spouse or Partner for the entire 10 year period of concurrent Survivorship Benefit Coverage.

Limitation: This Benefit will not apply if long term care Benefits were paid or payable by Us for any expenses incurred for care received by either You or Your Spouse or Partner during the first 10 years of such concurrent Survivorship Benefit Coverage. For the purposes of this Rider, a Benefit is considered to be "payable" if a Claim is made and a Benefit would have been paid in the absence of any Elimination Period, non-duplication or coordination of coverage provisions. We must receive due written proof of Your Spouse or Partner's death within one year of his or her death.

This waiver applies to the Premium for Your Certificate and all attached Riders in force on the date of Your Spouse or Partner's death. This Rider will not operate to waive Premium for any Benefits or changes added after the death of Your Spouse or Partner.

Note: You must send Us a written request if You wish to terminate this Rider for any reason.

When this Rider is in Force

This Rider is a part of the Certificate. It has been issued in consideration of Your Application and payment of the Premium shown in the Schedule. It takes effect on the Certificate Effective Date. It continues until terminated. It automatically terminates on the earliest of:

- the date the Certificate terminates and Your Coverage ends; or
- the date Your Certificate is continued under any Nonforfeiture Benefit; or
- the Premium Due Date following Our receipt of Your written request to terminate this Rider: or
- the date Your Spouse or Partner dies or no longer has qualifying concurrent coverage with Us; or
- the date a Benefit has been paid or payable by Us for care received by either You or Your Spouse or Partner during the first 10 years of concurrent Survivorship Benefit Coverage.

In all other respects the provisions and conditions of the Certificate remain the same. Signed for Genworth Life Insurance Company.

Secretary

ENHANCED SURVIVORSHIP BENEFIT RIDER

This Rider adds the following Enhanced Survivorship Benefit to Your Certificate.

ENHANCED SURVIVORSHIP BENEFIT

The Benefit

Subject to the Conditions below, if Your Spouse or Partner for this Benefit dies, Your Certificate will be paid up and no further Premium payments will be required for Your Certificate when all of the following Conditions have been met. Your Spouse or Partner for the purposes of this Benefit is the person named as such in the Schedule of Your Certificate.

Conditions

You must meet the following conditions on the date of Your Spouse or Partner for this Benefit dies:

- both You and Your Spouse or Partner continuously had long term care insurance that:
 - was provided under an individual or group policy issued by Us;
 - had been in force, other than under any Nonforfeiture Benefit, for at least the Qualification Period shown in the Schedule for this Rider; and
 - included a similar Enhanced Survivorship Benefit with a concurrent coverage requirement equal to or longer than the Qualification Period; and
- he or she had been Your Spouse or Partner for the entire period of concurrent coverage.

We must receive due written proof of Your Spouse or Partner's death within one year of his or her death.

This waiver applies to the Premium for Your Certificate and all attached Riders in force on the date of Your Spouse or Partner's death. This Rider will not operate to waive Premium for any Benefits or changes added after the death of Your Spouse or Partner.

Note: You must send Us a written request if You wish to terminate this Rider for any reason.

When this Rider is in Force

This Rider is a part of the Certificate. It has been issued in consideration of Your Application and payment of the Premium shown in the Schedule. It takes effect on the Certificate Effective Date. It continues until terminated. It automatically terminates on the earliest of:

- the date the Certificate terminate and Your Coverage ends; or
- the date Your Certificate is continued under any Nonforfeiture Benefit; or
- the Premium Due Date following Our receipt of Your written request to terminate this Rider: or
- the date Your Spouse or Partner dies or no longer has qualifying concurrent coverage with Us.

In all other respects the provisions and conditions of the Certificate remain the same. Signed for Genworth Life Insurance Company.

Secretary

INFORMAL CARE BENEFIT RIDER

This Rider adds the following Informal Care Benefit to Your Certificate.

INFORMAL CARE BENEFIT

The Benefit

Subject to the Payment Limitations below, We will pay for Covered Expenses incurred for Informal Care, as described below.

Covered Expenses

Covered Expenses means expenses You incur for Informal Care that is:

- intended to enable You to remain in Your Home; and
- stated in, and furnished in accordance with, Your Plan of Care.

Definition

Informal Care means health and personal care assistance another person (which can include a member of Your Immediate Family) provides to You, in Your Home, because You are Chronically III.

The person providing the assistance must be someone who:

- did not reside with You in Your Home at the time You first satisfied the Eligibility for the Payment of Benefits provision; and
- is not compensated, as an employee, by any organization that is paid to provide such assistance.

The assistance may be in the form of:

- help with simple health care tasks, personal hygiene, or managing medications;
- Substantial Assistance in performing Activities of Daily Living; or
- Substantial Supervision when You have Severe Cognitive Impairment.

Your Plan of Care must specify the type, frequency and duration of Informal Care required.

Payment Limitations

This Benefit will not be paid for any day for which payment is made under the Home and Community Care Benefit.

Payment of this Benefit is subject to:

- the Elimination Period requirement, unless stated otherwise in the Schedule;
- the Coverage Maximum;
- the payment limit shown in the Schedule for this Benefit; and
- all other provisions and conditions of Your Certificate.

When this Rider is in Force

This Rider is a part of the Certificate. It has been issued in consideration of Your Application and payment of the Premium shown in the Schedule. It takes effect on the Certificate Effective Date. It continues until terminated. It automatically terminates on the earliest of:

- the date the Certificate terminates and Your Coverage ends; or
- the Premium Due Date following Our receipt of Your written request to terminate this Rider.

In all other respects the provisions and conditions of the Certificate remain the same.

Signed for Genworth Life Insurance Company.

Secretary

TRANSITION BENEFIT RIDER

This Rider adds the following Transition Benefit to Your Certificate.

TRANSITION BENEFIT

The Benefit

Subject to the Payment Limitations below, We will pay for Covered Expenses incurred while You are satisfying the Elimination Period, as described below.

Covered Expenses

Covered Expenses for this Transition Benefit means expenses You incur for Qualified Long Term Care Services received during the Elimination Period.

The amount determined from the Schedule for this Benefit will be paid as a lump sum once We have verified that You have: (a) satisfied the Eligibility for the Payment of Benefits provision; and (b) begun to satisfy the Elimination Period. You may use this payment to cover costs associated with care received during the Elimination Period.

Payment Limitations

This is a one-time Benefit. Payment of this Benefit is subject to:

- the Coverage Maximum;
- the payment limit shown in the Schedule for this Benefit; and
- all other provisions and conditions of Your Certificate.

Payment of this Benefit is not subject to any Elimination Period requirement; and cannot be used to satisfy any Elimination Period requirement.

Notice Regarding Tax Law - Payment of this Benefit may have tax implications. You are advised to review this benefit with a qualified tax professional to determine any such tax impact.

When this Rider is in Force

This Rider is a part of the Certificate. It has been issued in consideration of Your Application and payment of the Premium shown in the Schedule. It takes effect on the Certificate Effective Date. It continues until terminated. It automatically terminates on the earliest of:

- the date the Certificate terminates and Your Coverage ends; or
- the Premium Due Date following Our receipt of Your written request to terminate this Rider.

In all other respects the provisions and conditions of the Certificate remain the same.

Signed for Genworth Life Insurance Company.

Secretary

RESTORATION BENEFIT RIDER

This Rider adds the following Restoration Benefit to Your Certificate.

RESTORATION BENEFIT

The Benefit

Subject to the Payment Limitations below, We will provide a Restoration by increasing the amount of Your unused Coverage Maximum if, after receiving Benefits, You Fully Recover from being Chronically III, as described below.

Definitions

Fully Recover means that for a period of 180 consecutive days:

- Your Certificate has been continuously in force on a Premium paying basis;
- You have neither required, nor received, care or services that would qualify as Covered Care:
- You have been able to continuously perform at least 5 Activities of Daily Living without any direct supervision or assistance; and
- You have not had Severe Cognitive Impairment.

To verify that You have Fully Recovered, You must give Us the right, at Our expense, to:

- obtain copies of Your medical records and care notes;
- interview You and Your care providers and Licensed Health Care Practitioners;
- perform on-site nursing, functional and/or cognitive assessments; and
- require a physical examination.

Restoration means that We will increase the amount in Your unused Coverage Maximum by the amount of Covered Expenses previously paid by Us that were not previously restored.

Payment Limitations

This Restoration will apply only to Your Coverage Maximum. No other Coverage limit will be changed.

This Restoration will not apply when Your Certificate is in force under any Nonforfeiture Benefit.

When this Rider is in Force

This Rider is a part of the Certificate. It has been issued in consideration of Your Application and payment of the Premium shown in the Schedule. It takes effect on the Certificate Effective Date. It continues until terminated. It automatically terminates on the earliest of:

- the date the Certificate terminates and Your Coverage ends;
- the date Your Certificate is continued under any Nonforfeiture Benefit; or
- the Premium Due Date following Our receipt of Your written request to terminate this Rider.

In all other respects the provisions and conditions of the Certificate remain the same.

Signed for Genworth Life Insurance Company.

Secretary

TO AGE 65 PREMIUM PAYMENT ENDORSEMENT

This Endorsement adds the following provisions to Your Certificate.

Paid-Up Feature - After Age 65

If You pay all required Premium as it becomes due, the Certificate will be paid-up and no future Premium payments will be required as of the anniversary of the Certificate Effective Date on which You are 65 years of age. We have the right, in accordance with the Premium Rate Changes provisions in the Certificate, to increase Premium that becomes due prior to the date Your Certificate becomes paid-up. If the Certificate includes Benefit Increases that occur automatically without an increase in Premium, those increases will continue as scheduled, beyond the paid-up date without requiring additional Premium payments.

Limited Pay Contingent Nonforfeiture Benefit

If: (1) Premium has been paid under the terms of this Endorsement for at least 40% of the number of months in the Premium Payment Period; and (2) there is a substantial increase in Premium (as determined below); We will do all of the following at least 60 days prior to the date the Premium increase is to take effect:

- offer to reduce Your current level of coverage without proof of insurability so that the required Premium rates for the Certificate are approximately the same as prior to the Premium rate change:
- offer to convert the Certificate to a paid-up status with a Reduced Benefits Plan, as described below. This option may be elected at any time during the 120-day period following the date of the Premium rate increase; and
- notify You that a default or lapse at any time during the 120-day period following the date of the Premium increase will be deemed to be the election to convert to the nonforfeiture option which provides the greatest remaining Coverage Maximum. A default or lapse is Your failure to pay the required Premium within the Grace Period.

Triggers Indicating A Substantial Premium Increase

<u>Issue Age</u>	Increase Over Initial Premium
Under 65	50%
65-80	30%
Over 80	10%

Reduced Benefits Plan: When converted in accordance with the above, Your Coverage will continue automatically with reduced Benefit payment maximums. It will have the same Benefits and Elimination Period (if any) that were in effect at the time of lapse or election to convert. The remaining Coverage Maximum, Nursing Facility Maximum and payment limits for each Benefit will be reduced to an amount equal to A multiplied by B, where:

- A = Ninety percent (90%) of the respective amounts in effect immediately prior to the lapse;
- B = The ratio of the number of completed months Premium was paid under the terms of this Endorsement divided by the number of months in that Premium Payment Period.

The amount of any Benefit Increases will be reduced in the same manner. There will be no reduction in Your Coverage Maximum if it is "Unlimited".

Payment Limitations: The above future Benefit will not apply if Coverage is continued in accordance with any other Nonforfeiture Benefit.

When this Endorsement is in Force

This Endorsement is a part of the Certificate. It has been issued in consideration of Your Application and payment of the Premium shown in the Schedule. Unless added at a later date, it takes effect on the Certificate Effective Date. It continues as long as the required Premium has been paid on time.

This Endorsement will automatically terminate on the earliest of:

- the date the Certificate terminates and Your Coverage ends;
- the date the Certificate is continued under any Nonforfeiture Benefit; or
- the Premium Due Date following Our receipt of Your written request to terminate this Endorsement.

Note: If You change to another Premium Payment Mode the Unearned Premium will be applied to future Premium payments. There will be no other offset, adjustment or refund of any accelerated Premium paid under this Endorsement.

Important Note Regarding Tax Law

Premium paid under this Paid-Up Feature may have different tax implications than Premium paid under other payment methods. You are advised to review this feature with a qualified tax professional to determine any such tax impact.

In all other respects the provisions and conditions of the Certificate remain the same.

Signed for Genworth Life Insurance Company.

Secretary

10 YEAR PREMIUM PAYMENT ENDORSEMENT

This Endorsement adds the following provisions to Your Certificate.

Paid-Up Feature - After 10 Years

If You pay all required Premium as they become due, the Certificate will be paid-up and no future Premium payments will be required after this Endorsement has been continuously in force for 10 years. We have the right, in accordance with the Premium Rate Changes provisions in the Certificate, to increase Premium that becomes due prior to the date the Certificate becomes paid-up. If the Certificate includes Benefit Increases that occur automatically without an increase in Premium, those increases will continue as scheduled, beyond the paid-up date without requiring additional Premium payments.

Limited Pay Contingent Nonforfeiture Benefit

If: (1) Premium has been paid under the terms of this Endorsement for at least 40% of the number of months in the Premium Payment Period; and (2) there is a substantial increase in Premium, (as determined below) We will do all of the following at least 60 days prior to the Premium rate change:

- offer to reduce Your current level of coverage without proof of insurability so that the required Premium rates for Your Coverage are approximately the same as prior to the Premium rate change;
- offer to convert Your Coverage to a paid-up status with a Reduced Benefits Plan, as described below. This option may be elected at any time during the 120-day period following the date of the Premium rate increase; and
- notify You that a default or lapse at any time during the 120-day period following the date of the Premium increase will be deemed to be the election to convert to the nonforfeiture option which provided the greatest remaining Coverage Maximum. A default or lapse is Your failure to pay the required Premium within the Grace Period.

Triggers Indicating A Substantial Premium Increase

<u>Issue Age</u>	Increase Over Initial Premium
Under 65	50%
65-80	30%
Over 80	10%

Reduced Benefits Plan: When converted in accordance with the above, the Certificate will continue with reduced Benefit payment maximums. It will have the same Benefits and Elimination Period (if any) that were in effect at the time of lapse or election to convert. The remaining Coverage Maximum, Nursing Facility Maximum, and payment limits for each Benefit will be reduced to an amount equal to A multiplied by B, where:

- A = Ninety percent (90%) of the respective amounts in effect immediately prior to the lapse;
- B = The ratio of the number of completed months Premium was paid under the terms of this Endorsement divided by the number of months in that Premium Payment Period.

The amount of any Benefit Increases will be reduced in the same manner. There will be no reduction in Your Coverage Maximum if it is "Unlimited".

Payment Limitations: The above Benefit will not apply if the Certificate is continued in accordance with any other Nonforfeiture Benefit.

When this Endorsement is in Force

This Endorsement is a part of the Certificate. It has been issued in consideration of Your Application and payment of the Premium shown in the Schedule. Unless added at a later date, it takes effect on the Certificate Effective Date. It continues as long as the required Premium has been paid on time.

This Endorsement will automatically terminate on the earliest of:

- the date the Certificate terminates and Your Coverage ends;
- the date the Certificate is continued under any Nonforfeiture Benefit; or
- the Premium Due Date following Our receipt of Your written request to terminate this Endorsement.

Note: If You change to another Premium Payment Mode the Unearned Premium will be applied to future Premium payments. There will be no other offset, adjustment or refund of any accelerated Premium paid under this Endorsement.

Note Regarding Tax Law

Premium paid under this Paid-Up Feature may have different tax implications than Premium paid under other payment methods. You are advised to review this feature with a qualified tax professional to determine any such tax impact.

In all other respects the provisions and conditions of the Certificate remain the same.

Signed for Genworth Life Insurance Company.

Secretary

WELLNESS ENDORSEMENT

This Endorsement adds the following provisions to Your Certificate.

The Wellness Provisions

We will provide You with information or access to certain offers or services to help promote health or wellness related to long term care. This may include information on long term care resources or the development of a long term care plan. Certain offers or services may be made available through independent, non-affiliated entities. Other offers or services may be made available through Our affiliated entities. These entities are solely responsible to You for the provision of any goods or services offered, or accessed, by You.

[We will make certain health or wellness programs available to You. We may offer certain incentives for Your participation in any health or wellness programs that We make available. Any incentive for participation in any such program will be limited to those described in any offers We may make. Your participation in a health or wellness program is completely voluntary, however, You may be required to participate in the health and wellness programs offered in order to receive any incentive We make available.] If You elect to purchase additional services or information outside of the services or information offered by Us, any cost incurred by You is Your responsibility. No policy Benefits are payable for any costs You may incur as a result of Your participation in any program offered by Us. [We reserve the right to modify or discontinue any incentive provided to You at any time.] We may modify any health or wellness program or any arrangements with entities providing any goods or services under any program offered.

Information and access to services or incentives under these provisions may be provided only to the extent permitted under a federally tax-qualified long term care insurance contract.

When This Endorsement Is In Force

This Endorsement is a part of the Certificate. Unless added at a later date, this Endorsement takes effect on the Certificate Effective Date. It continues as long as the Certificate remains in force; and terminates when the Certificate terminates and Your Coverage ends.

In all other respects the provisions and conditions of the Certificate remain the same.

Signed for Genworth Life Insurance Company.

Secretary

GENWORTH LIFE INSURANCE COMPANY

[Administrative Office: 3100 Albert Lankford Drive, Lynchburg, VA 24501 Phone: 888-325-5433]

Application for Group Long Term Care Insurance

Application is made to Genworth Life Insurance Company (the Company) for a Group Long Term Care Insurance Policy to cover classes of eligible persons based on the following statements and representations.

Applicant Information	Group Policy Number:
Applicant:	
(Full Legal Name of Policyholde	er)
Number of Eligible [Employees]:	Requested Effective Date:
Address: (determines Situs)	City, State, Zip Code:
Billing Address:	City, State, Zip Code:
Nature of Business:	Taxpayer ID #
Contact Person:	Title:
Phone:Fax:	E-Mail:
Indicate the Applicant's election of the following opt	_
_	pice Include for Eligible Class(es)
Decline for Classes [[All] [non-contributory] Classes reviewed. As an exception to any choice above, do not	
Signature: X	
5% Compound Benefit Increases Option: Eligible	Person's choice Include for Eligible Class(es)
the benefits and premiums of the coverage with and with	<u>si}:</u> The outline of coverage and the graphs that compare hout inflation protection have been reviewed. Specifically, I tion, and as an exception to any choice above, reject that
Signature: X	
[For any insurance paid in part, or wholly, by the Insured	d, the Applicant will support enrollment activities and allow ures or any material referencing the requested Coverage
[Minimum Participation Requirements: Applicant unders least/the lesser of [3-10] or [5 - 20%] of eligible employed	stands that the Group Policy will not take effect unless, [at ees] are enrolled on the effective date.]
[Coverage Limits: Applicant understands that Coverage maximum issue limits as stated in the Benefits Master S	• , , , , , , , , , , , , , , , , , , ,
Applicant considers this insurance to be an employee w	elfare benefit plan subject to ERISA: YES No
Applicant understands that the provision of Coverage is agrees to be bound by and accepts the terms and condirepresents that, to the best of its knowledge and belief,	itions of the Group Policy identified above. Applicant all information provided above is true and complete.
Signed for the Applicant atSitus Jurisdiction	on
bySignature of Authorized Officer of Applicant	
Signature of Authorized Officer of Applicant	Title
Signed by Pro	oducer/Licensed Resident Agent (Where Required by Law)



Genworth Life Insurance Company [Administrative Office 3100 Albert Lankford Dr. Lynchburg, Virginia 24501-4948 888.325.5433]

Long Term Care Insurance Outline of Coverage

from Genworth Life Insurance Company Page 1 of [10]

Group Policy Form No.: Series 7053 Certificate Form No.: 7053CRT Group Policyholder: [XYZ Company]

NOTICE TO BUYER

This Group Policy may not cover all of the costs associated with long term care incurred by the buyer during the period of coverage. The buyer is advised to review carefully all Group Policy limitations.

CAUTION

The issuance of this long term care insurance Certificate is based upon Your responses to the questions on any Application You submit. A copy of Your Application(s), if any, will be provided to You. If Your answers are incorrect or untrue, Genworth Life Insurance Company (called We, Us and Our in this Outline of Coverage) has the right to deny Benefits or rescind Your Coverage. The best time to clear up any questions is now, before a claim arises! If, for any reason, any of Your answers are incorrect, contact Us at this address: the Administrative Office address shown above.

1. POLICY DESIGNATION

The Policy is a Group Policy issued in [the state of INSERT STATE].

2. PURPOSE OF THE OUTLINE OF COVERAGE

This Outline Of Coverage provides a very brief description of the important features of the Group Policy. You should compare this Outline Of Coverage to outlines of coverage for other policies available to You. This is not an insurance contract, but only a summary of coverage. Only the individual or group policy, and not the Outline Of Coverage, contains governing contractual provisions. This means that the individual or group policy sets forth in detail the rights and obligations of both You and Us. Therefore, if You purchase this Coverage, or any other coverage, it is important that You **READ YOUR POLICY OR CERTIFICATE CAREFULLY!**

3. FEDERAL TAX CONSEQUENCES

The Group Policy is intended to be a federally tax-qualified long term care insurance contract under Section 7702B(b) of the Internal Revenue Code of 1986, as amended.

4. TERMS UNDER WHICH THE POLICY OR CERTIFICATE MAY BE CONTINUED IN FORCE OR DISCONTINUED

- (a) RENEWABILITY: THE CERTIFICATE IS GUARANTEED RENEWABLE. This means You have the right, subject to the terms of the Group Policy, to continue the Certificate until Benefits are exhausted, by paying Your Premium on time. We cannot change any of the terms of the Certificate on Our own, except that, in the future, **WE MAY INCREASE THE PREMIUM YOU PAY**.
- **(b) CONTINUATION COVERAGE:** Your Coverage will be continued in accordance with the terms of Your Certificate even if the Policyholder ceases to sponsor the Group Policy or discontinues coverage for the group of eligible persons to which You belong. You must pay Us all Premium required for the continuation of Your Coverage.
- **(c) WAIVER OF PREMIUM:** Premium will be waived for each coverage month while You are receiving Nursing Facility [Assisted Living Facility, Bed Reservation, Home and Community Care or Hospice Care] Benefits.

5. TERMS UNDER WHICH THE COMPANY MAY CHANGE PREMIUM

WE HAVE THE RIGHT TO CHANGE PREMIUM BECOMING DUE IN THE FUTURE. We can change Premium either on a Group Policy or class basis; but only if We change Premium for all similar Certificates issued under the Group Policy in the same State. Premium will not change due to a change in Your age, health, or use of Benefits. A change in Premium may occur only once in any 12 month period. [We will give You at least [60] days written notice before We change Premium.] [The rates used to determine Your Premium are guaranteed until [xx/xx/xxxx][xx years from the earliest effective date of Your Certificate.]

Outline of Coverage

Page [2] of [10]

6. TERMS UNDER WHICH THE CERTIFICATE MAY BE RETURNED AND PREMIUM REFUNDED

[30]-Day Free Look Period: You have [30] days from the day You receive the Certificate to review and return it to Us at Our Administrative Office if You are not satisfied with it for any reason. All Premium paid will be refunded within 30 days after: (a) return of the Certificate during this Free Look Period; or (b) Our denial of Your Application.

Unearned Premium Refunds: Unearned Premium will be refunded if Your Coverage ends due to death, surrender or cancellation.

7. THIS IS NOT MEDICARE SUPPLEMENT COVERAGE

If You are eligible for Medicare, review the Guide to Health Insurance for People with Medicare available from Us. Neither We nor Our agents or producers represent Medicare, the federal government, or any state government.

8. LONG TERM CARE COVERAGE

Policies of this category are designed to provide coverage for one or more necessary or medically necessary diagnostic, preventive, therapeutic, rehabilitative, maintenance, or personal care services, provided in a setting other than an acute care unit of a hospital, such as in a nursing home, in the community, or in the home.

This Coverage reimburses You for covered long term care expenses You incur. It is subject to an Elimination Period, limitations, exclusions, and other provisions and conditions of the Group Policy.

9. BENEFITS PROVIDED

- (a) Covered Services: Payment of institutional and non-institutional Benefits described below is subject to the provisions, conditions, limitations and exclusions of the Group Policy as restated in the issued Certificate. Once the Elimination Period has been satisfied, Benefits are available up to daily or monthly and annual maximums until the applicable Benefit limits are exhausted. Benefits are paid up to the applicable limits [for] [O80%][O100%][the selected percentage] of Your Covered Expenses. You will be responsible for the payment of any expenses not reimbursed by Your Coverage. The limits and features for Your Coverage are based on Your plan choices. [The Coverage Worksheet at the end of this Outline of Coverage is provided to record those choices.]
- **(b) Institutional Benefits:** These pay for Covered Expenses incurred while confined in a Nursing Facility, Assisted Living Facility, or Hospice Care Facility. This includes room charges in a Nursing Facility or Hospice Care Facility.

The Assisted Living Facility Benefit [Oincludes room charges Oexcludes room charges] and pays up to [O100% O75% O60% O50%] [Your selected percentage] of the Nursing Facility Maximum.

Bed Reservation Benefits are available for temporary absences of up to 60 days per calendar year when room charges are covered in the facility.

(c) Non-Institutional Benefits: These include the following:

Privileged Care Coordination Services are offered to assist in identifying care needs and community resources available to deliver care while You are Chronically Ill. When You choose to use these services they will be furnished by a Privileged Care Coordination team provided by Us at no cost to You.

The Home and Community Care Benefit covers services received at home and in the community for:

- Adult Day Care.
- Nurse and Therapist Services. [Whichever of the following You select.]
- [OHome Health or Personal Care Services from Formal Providers (licensed or certified individuals and Home Health Agencies) and Incidental Homemaker and Chore Care received during the same visit and by the same person who provided You with those Home Health or Personal Care Services. [As an alternative You may select the following:]
- [OHome Health or Personal Care Services and Homemaker and Chore Care from <u>formal or informal providers</u>. These providers may nurse's aides, home health aides, and other persons who provide care which is consistent with the needs addressed in Your Plan of Care. The provider can be independent; and do not need to be associated with an agency or provider organization.]

The Home and Community Care Benefit pays up to [O100% O75% O60% O50%] [Your selected percentage] of the Nursing Facility Maximum.

Outline of Coverage

Page [3] of [10]

The *Home Assistance Benefit* covers: home modifications; assistive devices; supportive equipment; emergency medical response systems; and caregiver training. It pays up to a lifetime limit equal to 90 days/3 months of full Nursing Facility Benefits.

The *Hospice Care Benefit* covers services designed to provide palliative care and alleviate Your discomforts when You are both Chronically Ill and Terminally Ill. Benefits are payable up to: the Nursing Facility Maximum for care received in a covered facility; and the limit for the Home and Community Care Benefit when care is received while You are living at home.

The *Respite Care Benefit* provides short-term coverage to relieve the person who normally and primarily provides You with care in Your home on a regular, unpaid basis. It pays for up to 30 days per calendar year.

The *Alternate Care Benefit* may, subject to Our approval and mutual agreement, pay for Covered Expenses incurred for services, devices or treatments that are Qualified Long Term Care Services not specifically covered under another Benefit.

The *Contingent Nonforfeiture Benefit* gives You the right to reduce coverage or convert to limited paid-up Benefits in the event of a cumulative Premium increase that is considered to be substantial as stated in the Certificate.

(d) Eligibility For The Payment Of Benefits: For You to be eligible for the payment of Benefits:

- You must be Chronically Ill;
- We must receive a Current Eligibility Certification for You; and
- We must receive ongoing proof which verifies that the Covered Care You receive is needed due to You continually being Chronically Ill.

Conditions: Benefits will only be paid as reimbursement for expenses paid on Your behalf only if all of the following conditions have been satisfied:

- You must meet the above Eligibility For The Payment Of Benefits requirements.
- The expenses must qualify as Covered Expenses.
- The Covered Care and related Covered Expenses must be consistent with and received pursuant to Your Plan of Care as prescribed by a Licensed Health Care Practitioner.
- Your Coverage must not have ended before the date(s) the Covered Care is received.
- Any applicable Elimination Period must be satisfied.
- You must not have exhausted the Coverage Maximum or any daily, monthly, annual or lifetime limits applicable to the specific Benefits being Claimed.
- You must meet the requirements for payment in accordance with all the provisions of Your Certificate.
- The care, service, cost or item for which Benefits are payable must meet the definition of Qualified Long Term Care Services.

Meaning Of Terms: The following definitions are being provided to assist You in understanding certain terms used in this Outline Of Coverage. The Certificate contains additional definitions not provided for in this Outline Of Coverage. The definition of any capitalized term in this Outline Of Coverage is provided for in the General Definitions section of the Certificate.

Activities of Daily Living means the following self-care functions: bathing (washing oneself); continence (control of bowel and bladder functions); dressing (putting on and taking off clothes and assistive devices); eating (taking nourishment); toileting (including performing associated personal hygiene tasks); and transferring (moving in and out of a bed, chair or wheelchair).

Chronically Ill or Chronically Ill Individual refers to a person who has been certified by a Licensed Health Care Practitioner as:

- Being unable to perform, without Substantial Assistance from another individual, at least two (2) Activities of Daily Living due to a loss of functional capacity. In addition, this loss of functional capacity must be expected to exist for a period of at least 90 days; or
- Requiring Substantial Supervision to protect the person from threats to health and safety due to a Severe Cognitive Impairment.

Severe Cognitive Impairment is a loss or deterioration in intellectual capacity that: is comparable to (and includes) Alzheimer's disease and similar forms of irreversible dementia; and is measured by clinical evidence and standardized tests that reliably measure impairment in the person's: short-term or long term memory; orientation as to people, places or time; deductive or abstract reasoning; and judgment as it relates to safety awareness.

Substantial Assistance is either:

• Hands-on Assistance which is the physical assistance (minimal, moderate or maximal) of another person without which You would be unable to perform the Activity of Daily Living; or

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• Standby Assistance which is the presence of another person within arm's reach of You that is necessary to prevent, by physical intervention, injury to Yourself while You are performing the Activity of Daily Living.

Substantial Supervision is continual supervision (which may include cueing by verbal prompting, gestures, or other demonstrations) by another nearby person that is necessary to protect the severely cognitively impaired person from threats to his or her health or safety (such as may result from wandering).

Coverage means the Benefits You have under the Group Policy or Continuation Coverage as evidenced by Your Certificate.

Coverage Maximum means the maximum amount of Benefits under Your Coverage. The Coverage Maximum will change as described below and when You elect changes.

[Your Coverage Maximum is \$.]

[The attached Coverage Worksheet shows Your Coverage Maximum and describes how it and other maximums are affected by Benefit Increases.]

[Your Coverage Maximum and amounts based on the Nursing Facility Maximum are: (a) increased when Benefit Increases apply; and (b) exhausted only when the total of all Benefits paid equals the then applicable maximum amount. Benefit Increases that apply are not affected by any Benefits paid for Covered Expenses incurred prior to the date the applicable maximum is exhausted.]

[Your Coverage Maximum and amounts based on the Nursing Facility Maximum are: (a) reduced as payments are made for Covered Expenses; (b) increased when Benefit Increases apply; and (c) exhausted when they are reduced to zero.]

Covered Care means those Qualified Long Term Care Services for which Your Coverage pays Benefits or would pay Benefits in the absence of an Elimination Period or payment limits.

Covered Expenses means costs You incur for Covered Care. Each Benefit defines the Covered Expenses under that Benefit. An expense is considered to be incurred on the day on which the care, service or other item forming the basis for it is received by You.

A Current Eligibility Certification is a written certification by a Licensed Health Care Practitioner, who is not a member of Your Immediate Family, that You meet the above requirements for being Chronically Ill. The certification must be renewed and submitted to Us every 12 months.

Elimination Period means the length of time, beginning with the first day on which You incur a Covered Expense, before You are entitled to Benefits. Days used to satisfy the Elimination Period do not need to be consecutive; and can be accumulated over time. Once satisfied, You will never have to satisfy a new Elimination Period for Your Coverage.

Your Elimination Period is [_____days of Covered Care.][_____Calendar Days.][as shown in the attached Coverage Worksheet.]

Nursing Facility Maximum means the maximum amount We will pay when You are Confined in a Nursing Facility. This may be a daily maximum or a monthly maximum, based on Your plan choice. This amount is also used to determine other Benefit maximums. The Nursing Facility Maximum is the maximum total amount payable for all Covered Expenses incurred (a) on a day when it is a daily maximum; or (b) in a calendar month when it is a monthly maximum. This limitation does not apply to Benefits that are not subject to a daily or monthly maximum.

Your Nursing Facility Maximum is [\$_____ per day.] [\$_____ per calendar month.] [as shown in the attached Coverage Worksheet.]

Qualified Long Term Care Services means necessary diagnostic, preventive, therapeutic, curing, treating, mitigating, and rehabilitative services and maintenance or personal care services which: (1) are required by a Chronically Ill Individual; and (2) are provided pursuant to a Plan of Care prescribed by a Licensed Health Care Practitioner.

OTHER FEATURES AND OPTIONS

(Optional items available for added Premium)

Check any selected

[Automatically Included International Coverage Benefit: This Benefit will pay for Covered Expenses You receive while You are outside the United States. Subject to the Coverage Maximum, it pays: up to 50% of the Nursing Facility Maximum for confinement in an Out-of-Country Nursing Facility; and 25% of the Nursing Facility Maximum (for no more than 365 days) for care at Home. This Benefit terminates four years after the date for which it first makes payment.] [OR]

[Automatically Included International Nursing Facility Benefit: This Benefit will pay for Covered Expenses You receive while You are outside the United States. Subject to the Coverage Maximum, it pays up to 75% of the Nursing Facility

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Maximum for confinement in an Out-of-Country Nursing Facility. This Benefit terminates four years after the date for which it first makes payment.]

[[Ooptional] [Automatically Included] Nonforfeiture Benefit: This Benefit provides a continuation if Your Coverage ends due to non-payment of Premium after it has been in force for at least three years. Any Benefit Increases will cease; and the Coverage Maximum will be reduced to the greater of: (a) the sum of all Premium paid (and not waived under the Waiver of Premium Benefit) for Your Coverage; or (b) the amount equal to one month (30 days) of Benefits under the Nursing Facility Benefit in effect at the time Your Coverage ends. In no event will this amount exceed the unused Coverage Maximum at the time Your Coverage ends.]

[OOptional Shared Coverage Rider: When both You and Your Spouse or Partner named in Your Certificate's Schedule, have identical Certificates, if one person exhausts Benefits under his or her Coverage, he or she can continue coverage under the other person's Certificate. For purposes of this Rider, identical means that both Certificates must have the same Shared Coverage Rider form with the same plans, Benefit levels and Benefit options. We guarantee that sharing coverage will not reduce a person's coverage below 50% of its original Coverage Maximum. In addition, upon the death of one person, the survivor's available Coverage Maximum will be the total Coverage Maximum available to both persons at the time of death, considering all Claim payments; and Rider Premium ceases. When the Shared Coverage Rider includes Joint Waiver of Premium, Premium for the Certificates of both persons will be waived when one person qualifies for the Waiver of Premium Benefit.]

[OOptional] [Automatically Included] [Waiver of Home Care Elimination Period: This provides that there is no Elimination Period for the Home and Community Care Benefit; and each day of Covered Care under that Benefit will count towards satisfying the Elimination Period.]

[OOptional] [Automatically Included] [Waiver of Home Care and Informal Care Elimination Period: This provides that there is no Elimination Period for either the Home and Community Care Benefit or the Informal Care Benefit; and each day of Covered Care under those Benefits will count towards satisfying the Elimination Period.]

[OOptional] [Automatically Included] [Restoration Benefit: This Benefit provides that once You Fully Recover as provided for in the Benefit, We will increase the amount of Your unused Coverage Maximum by the amount previously paid by Us that was not previously restored under this Benefit. For this Benefit to apply, You must continue Your Coverage, other than under any Nonforfeiture Benefit, for a period of 180 consecutive days during which You: have neither required, nor received, care or services that would qualify as Covered Care; have been able to continuously perform at least 5 Activities of Daily Living without any direct supervision or assistance; and have not had Severe Cognitive Impairment.]

[OOptional] [Automatically Included] [Informal Care Benefit: This Benefit provides for the payment of Covered Expenses incurred for health and personal care assistance another person provides to You in Your Home in accordance with Your Plan of Care. That person can be a member of Your Immediate Family or someone else provided he or she: (a) did not reside with You in Your Home at the time Your first satisfied the Eligibility For The Payment Of Benefits provisions; and (b) is not compensated, as an employee, by any organization that is paid to provide such assistance. Payment is subject to a calendar year total of 30 days with a daily maximum of: 25% of the Nursing Facility Maximum per day when daily Benefits apply; or 1% of the Nursing Facility Maximum per day when Benefits are payable on a calendar month basis. This Benefit will not be paid for any day for which payment is made under the Home and Community Care Benefit. Payment of this Benefit is subject to the Elimination Period [unless the Waiver of Home Care Elimination Period also applies].

[OOptional] [Automatically Included] [Transition Benefit: This Benefit provides for the payment of Covered Expenses incurred while the Elimination Period is being satisfied. It pays a lump sum equal to: 5 times the Nursing Facility Maximum when daily Benefits apply; or 20% of the Nursing Facility Maximum when monthly Benefits apply. Tax Considerations: Please note that payment of this Benefit may have tax implications. You are advised to review this Benefit with a qualified tax professional to determine any such tax impact.]

[OOptional] [OAutomatically Included] [10 Year Refund of Premium On Death Benefit: This Benefit provides for the payment of a death benefit equal to the total Premium paid less claims. To qualify You must: (1) have been insured for at least 10 years: and (2) die while Your Coverage is still in-force.

Tax Considerations: Please note that payment of this Benefit may have tax implications. You are advised to review this Benefit with a qualified tax professional to determine any such tax impact.]

[OOptional] [Automatically Included] [Graded Refund of Premium On Death Benefit: This Benefit provides for the payment of a death benefit equal to a percentage of the total Premium paid, less claims. The Benefit payable is based on Your age on the Premium Due Date immediately prior to Your death. If You are age 65 or younger, We will pay an amount equal to the total Premium paid less claims. If You are age 66, the Premium percentage reduces to 90%. Each year thereafter,

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the percentage of Premium payable under this Benefit is reduced by 10%. This Benefit terminates on the Premium Due Date on which You are 75 years of age.

Tax Considerations: Please note that payment of this Benefit may have tax implications. You are advised to review this Benefit with a qualified tax professional to determine any such tax impact.]

[OOptional 10 Year Survivorship Benefit: This Benefit applies if You and Your named Spouse or Partner for this Benefit have been insured with Us for at least 10 years when one dies. In that event, this Benefit provides that no further Premium payments will be required for the survivor's coverage once We receive proof of death, if:

- Both persons continuously had long term care insurance coverage in force with Us, other than under any Nonforfeiture Benefit, on the date of the deceased person's death and for at least the prior 10 year period with no claim for long term care Benefits applicable to the first 10 years of such concurrent coverage; and
- Both persons had coverage that included a similar 10 Year Survivorship Benefit for the entire period of concurrent coverage.]

[OOptional Enhanced Survivorship Benefit: This Benefit applies if You and Your named Spouse or Partner for this Benefit have been insured with Us, for at least the Qualification Period when one dies. In that event, this Benefit provides that no further Premium payments will be required for the survivor's coverage once We receive proof of death, if:

- Both persons continuously had long term care insurance coverage in force with Us, other than under any Nonforfeiture Benefit, on the date of the deceased person's death and for at least the prior Qualification Period; and
- Both persons had coverage that included a similar Enhanced Survivorship Benefit for the entire period of concurrent coverage.

The Qualifying Period is [O10 years O 7 years.] [as shown in the Coverage Worksheet.]

10. EXCLUSIONS AND LIMITATIONS

[There are no exclusions or limitations for pre-existing conditions disclosed on Your Application. Any incorrect or omitted material information in Your Application for Coverage, or any increase in Coverage, may cause the Coverage that becomes effective as a result of Your Application to be rescinded (voided) or a Claim to be denied, as stated in the Misstatements/Incontestability provision of Your Certificate.]

[Pre-Existing Conditions Limitation: We will not pay for Covered Expenses incurred for any care or confinement that is a result of a Pre-Existing Condition when the care or Confinement begins within [six (6)] [twelve (12)] months following Your initial Certificate Effective Date.

A *Pre-Existing Condition* means a condition (illness, disease, injury or symptom) for which medical advice or treatment was recommended by, or received from, a Health Care Professional within six (6) months prior to Your initial Certificate Effective Date. A Health Care Professional includes anyone who is: a Physician; a Nurse; a physician assistant; a physical, occupational, speech or respiratory therapist; a chiropractor; an acupuncturist; a homeopathic doctor; or a Licensed Health Care Practitioner.]

[If You were required to answer questions about Your health as part of Your Application, this Pre-Existing Conditions Limitation will not apply to You.]

Non-eligible Facilities/Providers: A Nursing Facility, Assisted Living Facility or Hospice Care Facility must meet the applicable definition stated in Your Certificate in order to qualify for Coverage.

Non-eligible Levels of Care: Coverage is not based on the specific level of care; but is for care furnished for a specific covered reason, by or through the covered facilities and providers. Care from Immediate Family members is covered only when specifically indicated.

Exclusions/Exceptions and Limitations: We will not pay Benefits for any Covered Care:

- [for which no charge is normally made in the absence of insurance;]
- [provided outside the fifty (50) United States, the District of Columbia, and any territory of the United States of America; unless specifically provided for by a Benefit;]
- [provided by Your Immediate Family, unless: specifically covered by a Benefit; or he or she is paid as a regular employee of the organization that provides the services to You;]
- [provided by, or in, a Veteran's Administration or Federal government facility, unless a valid charge is made to You or Your estate;]
- [resulting from illness, treatment or medical condition arising out of any of the following:
 - [war or any act of war, whether declared or not;]
 - [attempted suicide or an intentionally self-inflicted injury;]

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- [participation in a felony, riot, or insurrection;]
- [service in the armed forces or units auxiliary thereto;]
- [for alcoholism or addiction to drugs or narcotics (except for an addiction to a prescription medication when administered in accordance with the advice of a physician).]

Non-Duplication: Benefits will be paid only for Covered Expenses that are in excess of the amount paid or payable under:

- Medicare (including amounts that would be reimbursable but for the application of a deductible or coinsurance amount); and
- [Any State or Federal workers' compensation, employer's liability or occupational disease law;]
- Any other Federal, state or other government health or long term care program, [(including the **Community Living Assistance Services and Supports** Act **CLASS** Act)], or law except Medicaid.

This Non-Duplication provision will not disqualify a Covered Expense from being used to satisfy any Elimination Period requirement.

[Coordination with Other Coverage: We will reduce the amount of Benefits We will pay for Covered Expenses when the total amount payable under this and all Other Long Term Care coverage is greater than the actual Covered Expense You incur for Covered Care.]

THE POLICY MAY NOT COVER ALL THE EXPENSES ASSOCIATED WITH YOUR LONG TERM CARE NEEDS.

11. RELATIONSHIP OF COST OF CARE AND BENEFITS

Because the costs of long term care services will likely increase over time, You should consider whether and how the Benefits of Your Coverage may be adjusted. Benefit levels will not increase over time unless the plan You purchase provides Benefit Increases. Unless otherwise described, these increases: will be automatic; will not require proof of good health; will be made without a corresponding increase in Premium; and will continue without regard to Your age, claim status or claim history, or length of time You have been insured.

Benefit Increases cease when: (a) the applicable maximum has been exhausted; (b) they are terminated by You; (c) Your Coverage ends; or (d) Your Coverage is continued under any Nonforfeiture Benefit, if applicable.

If You do not purchase a Benefit Increases option at initial issue, You may need to provide proof of good health to later increase coverage. Available increase options are described below. They are followed by a graphic comparison of the Benefit levels of coverage that increase Benefits over time with coverage that does not increase Benefits. A similar graphic comparison illustrates Premium for those coverages at a given issue age.

AVAILABLE BENEFIT INCREASE OPTIONS

[ONone Selected] [[5% Future Purchase Options] will apply if no other Option is selected.]

[O5%[/O4%][/O3%] Compound Benefit Increases: On each anniversary of Your Certificate Effective Date Your then current Nursing Facility Maximum and the current amounts of other dollar maximums will each increase by [5%][the selected percentage].

[OGraded Compound Benefit Increases: On each anniversary of Your Certificate Effective Date Your then current Nursing Facility Maximum and the current amounts of other dollar maximums will each increase by:

- 5% while You are 60 years of age and younger;
- 3% while You are at least 61 years of age and less than 76 years of age; and
- 2% while You are 76 years of age and older.]

[OBenefit Increases Adjusting at Age 66: On each anniversary of Your Certificate Effective Date Your then current Nursing Facility Maximum and the current amounts of other dollar maximums will each increase by:

- 5% of the then current amounts while You are 65 years of age and Younger; and
- thereafter by 5% of the respective amounts in effect on the anniversary of Your Certificate Effective Date on which You were 65 years of age.]

[O5% Equal Benefit Increases: On each anniversary of Your Certificate Effective Date Your then current Nursing Facility Maximum and the current amounts of other dollar maximums will each increase by 5% of their respective amounts in effect on Your Certificate Effective Date.]

[O5%][O3%] Future Purchase Options: These provide a way to increase Your Benefit maximums as of every [2nd][3rd] [anniversary of the Group Policy Effective Date] [xx month, yy day beginning in zzzz year] [anniversary of Your Certificate Effective Date]. Increases will not be available or effective, and may be revoked or rescinded, if You are Chronically Ill or otherwise eligible for Benefits on the date the offer is accepted.

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[You will be given the option to purchase] [Unless refused/declined by You, these increases will provide] additional coverage equal to [5%][3%] compounded annually for the [2][3] year period (an approximate increase of [XX.x%]). The increases will apply to Your then current Nursing Facility Maximum and the current amounts of other dollar maximums. The additional Premium for an increase will be based on: (1) the amount of the increase; and (2) Your age and the Premium in effect for the Group Policy on the date the increase takes effect.

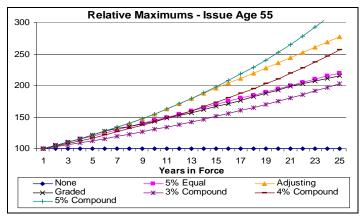
Offers and Benefit Increases cease when: (a) You have refused/declined [two] [three] consecutive options to increase Benefit maximums; (b) the applicable maximum has been exhausted; (c) they are terminated by You; (d) Your Coverage ends; or (e) Your Coverage is continued under any Nonforfeiture Benefit, if applicable.]

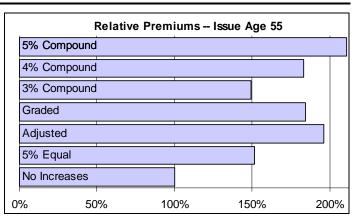
[O5%][O3%] Guaranteed Purchase Options: These provide a way to increase Your Benefit maximums on every [2nd][3rd] [anniversary of the Group Policy Effective Date] [xx month, yy day beginning in zzzz year] [anniversary of Your Certificate Effective Date]. Increases will be available even if You are Chronically Ill or otherwise eligible for Benefits.

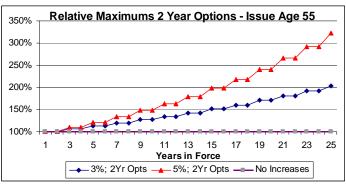
[Unless refused/declined by You, these increases will provide] [You will be given the option to purchase] additional coverage equal to [5%][3%] compounded annually for the [2][3] year period (an approximate increase of XX.x%). The increases will apply to Your then current Nursing Facility Maximum and the current amounts of other dollar maximums. The additional Premium for an increase will be based on: (1) the amount of the increase; and (2) Your age and the Premium in effect for the Group Policy on the date the increase takes effect.

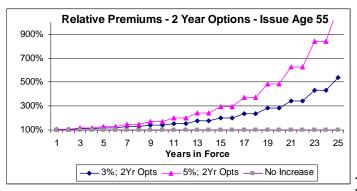
Offers and Benefit Increases cease when: (a) You have refused/declined [two] [three] consecutive options to increase Benefit maximums; (b) the applicable maximum has been exhausted; (c) they are terminated by You; (d) Your Coverage ends; or (e) Your Coverage is continued under any Nonforfeiture Benefit, if applicable.]

[INFLATION PROTECTION – GRAPHIC COMPARISONS









12. ALZHEIMER'S DISEASE AND OTHER ORGANIC BRAIN DISORDERS

Coverage is provided for insureds clinically diagnosed as having Alzheimer's disease or related degenerative and dementing illnesses subject to the same exclusions, limitations and provisions applicable to other Covered Care.

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13. PREMIUM

The initial Premium for Your Coverage will be determined from the Premium rate schedule contained in Your enrollment material based on the options selected, Your age and the Premium Payment Mode.

[(Complete to show Premium and Options Selected)	[Applicant A	Applicant B]
Premium Payment Mode	[OMonthly OQuarterly]	[OMonthly OQuarterly]
		[OSemi-Annual OAnnual]
	Modal Premium fo	or Selected Coverage
Certificate with any Benefit Increases]	[\$]
[Nonforfeiture Benefit]	\$]	[\$]
[Shared Coverage Rider with Joint Waiver OYes ONo]	\$]	[\$]
[Waiver of Home Care [and Informal Care] Elimination Period]	\$]	[\$]
[10 Year Survivorship Benefit]		[\$]
[Enhanced Survivorship Benefit - Qualifying Period:[O7 Yrs O10 Y	<u>[rs] \$]</u>	[\$]
[Refund of Premium On Death Benefit: [OGraded O10 Years]	\$]	[\$]
[Restoration Benefit]	\$] _	[\$]
[Informal Care Benefit]	\$] _	[\$]
[Transition Benefit]	\$] _	[\$]
[Anticipated Discounts	<u>\$</u>]	[\$]
Annual Total Modal Premium	<u>\$</u>	[\$]
Premium Payment Period	[OLifetime O10 Years	[OLifetime O 10 Years
	OTo Age 65]	OTo Age 65]

[You may have the right to choose one of the following Premium Payment Modes: Annual in one payment that provides Coverage for 12 Coverage Months; Semi-Annual in two payments that each provide Coverage for 6 Coverage Months; Quarterly in four payments that each provide Coverage for 3 Coverage Months; or Monthly in twelve payments that each provide Coverage for 1 Coverage Month.]

If You have a Premium Payment Mode other than Annual, You may pay additional charges for that Premium Payment Mode. Refer to the Modal Premium Disclosure provided in Your Certificate.

14. ADDITIONAL FEATURES AND REMINDERS

Underwriting: We will underwrite an Application by reviewing the information submitted on the Application and any other information You authorize Us to obtain.

Continuation for Lapse Due to Cognitive or Functional Impairment: If Your Coverage terminates due to non-payment of Premium, We will provide a retroactive continuation if, within seven (7) months of the termination date, You provide Us with proof that You were Chronically Ill, beginning on or before the end of the Grace Period. All past due Premium must be paid within such seven (7) month period. In that event, any Benefits for which You qualified during the continuation period will be paid to the same extent they would have been paid if Your Coverage had not ended.

[Information and Referral Services are available to provide caregiver support services to You and Your family.]

Reminder: This Outline Of Coverage is not a contract; and the only Coverage to be provided will be as stated in the issued and effective Certificate. The Certificate will set forth in detail the Benefits and Services provided and the Premium and conditions required to continue Your Coverage until it ends.

15. ANSWERS TO QUESTIONS

CONTACT THE STATE SENIOR HEALTH INSURANCE ASSISTANCE PROGRAM IF YOU HAVE GENERAL QUESTIONS REGARDING LONG TERM CARE INSURANCE. CONTACT THE INSURANCE COMPANY IF YOU HAVE SPECIFIC QUESTIONS REGARDING YOUR LONG TERM CARE INSURANCE COVERAGE.

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[COVERAGE WORKSHEET	(Complete to show coverage selected)		
Applicant Name(s)	[Applicant A	Applicant B]	
[Shared Coverage Rider (Selections for both applicants must be identical) [Includes] [Excludes] Joint Waiver of Premium	OYes O No	OYes ONo]	
[Covered Percentage]	[100%]	[100%]	
Elimination Period [ODays of Covered Care][OCalendar Days]	[Days]	[Days]	
[Waiver of Home Care [and Informal Care] Elimination Period]	[OYes O No]	[OYes O No]	
Nursing Facility Maximum	\$per] \$per	
Assisted Living Facility Maximum As a % of the Nursing Facility Maximum	[100%]	[100%]	
Home and Community Care Maximum			
As a % of the Nursing Facility Maximum	[50%]	[50%]	
[Benefit Multiplier [ODays OMonths] worth of Benefits	[]	[]	
Coverage Maximum [(Nursing Facility Maximum X Benefit Multiplier)]	\$	\$	
Benefit Increases [The Coverage Maximum and amounts based on the Nursing Facility Maximum are increased when Benefit Increases apply and exhausted only when the total of all Benefits paid equals the then applicable maximum amount. Benefit Increases that apply are not affected by any Benefits paid for Covered Expenses incurred prior to the date the applicable maximum is exhausted.]	O5% Compound ONone [O5% Future Purchase Options [default if nother option chosen]]	O5% Compound ONone [O5% Future Purchase Options [default if no other option chosen]]	

Benefits And Services Provided	We Pay [The Covered Percentage Of] Covered Expenses Up To These Limits
Privileged Care Coordination Services:	Not subject to coverage limits
Nursing Facility Benefit:	Nursing Facility Maximum
Assisted Living Facility Benefit: Room charges [OIncluded][OExcluded]	The applicable percentage of the Nursing Facility Maximum
Bed Reservation Benefit:	60 days per calendar year
International Benefit:	As stated in the Benefit
Home and Community Care Benefit: [O with Incidental Homemaker and Chore Care O Covers formal and informal providers]	The applicable percentage of the Nursing Facility Maximum
Home Assistance Benefit: (Covers equipment, modifications & training)	A Policy total payment maximum equal to the Nursing Facility Maximum payable for 90 days/3 months
Hospice Care Benefit:	As stated in the Benefit
Respite Care Benefit:	Up to 30 days per calendar year
Alternate Care Benefit:	Payment subject to mutual agreement
The Waiver of Premium Benefit applies only when Benefits a	are payable under the: Nursing Facility Benefit[; Assisted Living

Facility Benefit; Bed Reservation Benefit; Home and Community Care Benefit; or Hospice Care Benefit]. Coverage includes a Contingent Nonforfeiture Benefit and any applicable Features and Optional Benefits.

The Nursing Facility Maximum is the maximum total amount payable for all Covered Expenses incurred [on a day.] [in a calendar month.] [(a) on a day when it is a daily maximum; and (b) in a calendar month when it is a monthly maximum.] This does not apply to Benefits that are not subject to a daily or monthly maximum.

LONG TERM CARE INSURANCE PERSONAL WORKSHEET

People buy long term care insurance for many reasons. Some don't want to use their own assets to pay for long term care. Some buy insurance to make sure they can choose the type of care they get. Others don't want their family to have to pay for care or don't want to go on Medicaid. But long term care insurance may be expensive, and may not be right for everyone.

By state law, the insurance company must fill out part of the information on this worksheet and *ask* you to fill out the rest to help you and the company decide if you should buy this coverage.

If you are an employee or spouse; or partner in a legal couple or domestic partnership of an employee you may wish to review and complete this for your own use. However, you DO NOT NEED to submit with your application.

SECTION A			
Premium Information Policy Form Series: 7053			
The premium for the coverage you are considering will be: (0	omplete <i>only</i> the premiu	ım for the desired payn	nent frequency.
\$semi-annually	\$ quart	terly \$	monthly
Type of Policy Guaranteed renewable, group long term care insur-	ance		
The Company's Right to Increase Premiums The company has class basis; but only if it changes premiums for all similar Certificate			
Certificate.		as cold group long to	'm oaro
, ,	rance since 1974 and h The company has not ra	aised its rates on this	policy form in
Certificate. Rate Increase History The company has sold long term care insu insurance since 1999. It has sold this group policy form since 2011. this or any other state, but in the past 10 years it has raised its rate Following is a summary of the rate increases:	rance since 1974 and h The company has not ra	aised its rates on this is that are no longer a	policy form in
Certificate. Rate Increase History The company has sold long term care insu insurance since 1999. It has sold this group policy form since 2011. this or any other state, but in the past 10 years it has raised its rate Following is a summary of the rate increases: Policy Form Series	rance since 1974 and har The company has not range on similar policy form Years Availab	aised its rates on this is that are no longer a	policy form in vailable for sa
Rate Increase History The company has sold long term care insu insurance since 1999. It has sold this group policy form since 2011. this or any other state, but in the past 10 years it has raised its rate Following is a summary of the rate increases: Policy Form Series	rance since 1974 and has not rance son similar policy form Years Availab for sale 1974-1989	aised its rates on this is that are no longer a lole Percentage of Increase ¹	policy form in vailable for sa Effective Year²
Rate Increase History The company has sold long term care insu insurance since 1999. It has sold this group policy form since 2011. this or any other state, but in the past 10 years it has raised its rate Following is a summary of the rate increases: Policy Form Series 6465, 6026, 6318, 6322, 6328, 6394, 6395 6484, 6667, 7003, 7012, 7021, 50000, 50001, 50003, 50004, 50013, 500	rance since 1974 and has not raise on similar policy form Years Availab for sale 1974-1989 18, 1988-1998	Percentage of Increase 1 0-8% 0-12%	Effective Year ² 2007-2013 2007-2013
Certificate. Rate Increase History The company has sold long term care insu insurance since 1999. It has sold this group policy form since 2011. this or any other state, but in the past 10 years it has raised its rate Following is a summary of the rate increases: Policy Form Series 6465, 6026, 6318, 6322, 6328, 6394, 6395 6484, 6667, 7003, 7012, 7021, 50000, 50001, 50003, 50004, 50013, 500 50020, 50021, 50022, 50023, 50024, 50029, 50100, 50107, 51000	rance since 1974 and has not raise on similar policy form Years Availab for sale 1974-1989 18, 1988-1998	Percentage of Increase 1 0-8% 0-9%	policy form in vailable for sa Effective Year ² 2007-2013 2007-2013
Certificate. Rate Increase History The company has sold long term care insu insurance since 1999. It has sold this group policy form since 2011. this or any other state, but in the past 10 years it has raised its rate Following is a summary of the rate increases: Policy Form Series 6465, 6026, 6318, 6322, 6328, 6394, 6395 6484, 6667, 7003, 7012, 7021, 50000, 50001, 50003, 50004, 50013, 500 50020, 50021, 50022, 50023, 50024, 50029, 50100, 50107, 51000	rance since 1974 and has not raise on similar policy form Years Availab for sale 1974-1989 18, 1988-1998	Percentage of Increase 0-8% 0-9% 0-12% 0-11%	Effective Year ² 2007-2013 2007-2013 2007-2013 2007-2013 2007-2013
Certificate. Rate Increase History The company has sold long term care insurance since 1999. It has sold this group policy form since 2011. this or any other state, but in the past 10 years it has raised its rate Following is a summary of the rate increases: Policy Form Series 6465, 6026, 6318, 6322, 6328, 6394, 6395 6484, 6667, 7003, 7012, 7021, 50000, 50001, 50003, 50004, 50013, 500 50020, 50021, 50022, 50023, 50024, 50029, 50100, 50107, 51000 7000, 7002, 7011, 7020, 7022, 50024, 50027, 50109, 50110, 51001, 510	rance since 1974 and has not raise on similar policy form Years Availab for sale 1974-1989 18, 1988-1998	Percentage of Increase 0-8% 0-9% 0-12% 0-18%	Effective Year ² 2007-2013 2007-2013 2001-2013

No — If you have not considered this possibility, please do not proceed with the application until doing so.

O Yes

Γ		1
Com	nanv	Copy

SECTION B
What is your annual income? (check one) ○ Under \$10,000 \$10,000-\$20,000 \$20,001-\$30,000 \$30,001-\$50,000 ○ 0ver \$50,000
How do you expect your income to change in the next 10 years? (check one) No change Increase Decrease If you will be paying premiums with money received only from your own income, a rule of thumb is that you may not be able to afford this coverage if the premiums will be more than 7% of your income.
Will you buy inflation protection? (check one)
If not, how will you pay for the difference between future costs and your daily or monthly benefit amount? From my Income From my Savings/Investments My Family will Pay The national median annual cost of nursing home care in 2010 was \$75,190 (\$206 per day), but this figure varies across the country. In 10 years, the national median annual cost would be about \$122,477, if costs increase 5% annually. Select Elimination Period you are considering. The approximate cost of nursing home care for that period (based on a national median cost of \$206/day) is shown for each elimination period choice.
Zero Days (\$0) [30 Days (\$6,180)] 90 Days (\$18,540)] 180 Days (\$37,080)] 365 Days (\$75,190)]
How are you planning to pay for your care during the Elimination Period? (check one) From my Income From my Savings/Investments My Family will Pay
Questions Related to Your Savings and Investments Not counting your home, about how much are all of your assets (your savings and investments) worth? (check one Under \$20,000 \$20,000-\$30,000 \$30,001-\$50,000 Over \$50,000
How do you expect your assets to change over the next 10 years? (check one) Stay about the same Increase Decrease If you are buying this coverage to protect your assets and your assets are less than \$30,000, you may wish to consider other options for financing your long term care.

LONG TERM CARE INSURANCE PERSONAL WORKSHEET continued

DISCLOSURE STATEMENT

	eding questions accurately describe my financial this information (in section B on the prior page)	
Financial Non-Disclosure	e]	·
	worksheet must be completed even if you do not	
STATEMENTS PLEASE SIGN BELOW.	L <mark>es]Below</mark> to acknowledge that you i	IAVE READ THE FOLLOWING
this form including the p	cked if there is <u>no</u> agent/producer assistance).]I a premium, premium rate increase history and poter above disclosures. I understand that the rates	ntial for premium increases in the
agent/producer (below) and potential for premiu	cked if an agent/producer assists with your applic has reviewed this form with me including the pre m increases in the future. I understand the above rm series may increase in the future.	mium, premium rate increase history
Applicant A Signature	Printed Name	Date mm/dd/yyyy
X		
Applicant B Signature	Printed Name	Date mm/dd/yyyy
<u>x</u>		
I explained to the applicant the important	ce of completing this information	
Agent/Producer Signature	Agent/Producer Printed Name	Date mm/dd/yyyy
x		
	gent/Producer has advised you that this cove his coverage does not seem to be suitable for me	
		Data mm /dd/mm.
Applicant A Signature	Date mm/dd/yyyy Applicant B Signature	Date mm/dd/yyyy

Company, along with your application. The company may contact you to verify your answers.

Genworth Life Insurance Company

Long Term Care Division Home Office: Richmond, Virginia

Administrative Office Address: [3100 Albert Lankford Drive, Lynchburg, VA 24501-4948]

Submit a completed copy with application. Keep a copy for applicant's records.

Applicant Copy

NOTICE TO APPLICANT REGARDING REPLACEMENT OF ACCIDENT AND SICKNESS OR LONG TERM CARE INSURANCE

SAVE THIS NOTICE! IT MAY BE IMPORTANT TO YOU IN THE FUTURE.

According to the information you have furnished, you intend to lapse or otherwise terminate existing accident and sickness or long term care insurance and replace it with long term care coverage, issued by Genworth Life Insurance Company. Your new coverage provides [30/45/60/90] days within which you may decide, without cost, whether you desire to keep the coverage. For your own information and protection, you should be aware of and seriously consider certain factors which may affect the insurance protection available to you under the new coverage.

You should review this new coverage carefully, comparing it with all accident and sickness or long term care coverage you now have, and terminate your present coverage only if, after due consideration, you find that purchase of this long term care coverage is a wise decision.

- Health conditions which you may presently have (preexisting conditions) may not be immediately or fully covered under the new coverage. This could result in denial or delay in payment of benefits under the new coverage, whereas a similar claim might have been payable under your present policy.
- 2. State law provides that your replacement policy or certificate may not contain new preexisting conditions, waiting periods,

- elimination periods or probationary periods. Your insurer will waive any time periods applicable to preexisting conditions, waiting periods, elimination periods or probationary periods in the new coverage for similar benefits to the extent such time was spent (depleted) under the original policy.
- 3. If you are replacing existing long term care insurance coverage, you may wish to secure the advice of your present insurer or its agent/producer regarding the proposed replacement of your present policy or certificate. This is not only your right, but it is also in your best interest to make sure you understand all the relevant factors involved in replacing your present coverage.
- 4. If, after due consideration, you still wish to terminate your present coverage and replace it with the new coverage, be certain to truthfully and completely answer all questions on the application concerning your medical health history. Failure to include all material medical information on an application may provide a basis for the company to deny future claims and to refund your premium as though your coverage had never been in force. After the application has been completed and before you sign it, reread it carefully to be certain that all information has been properly recorded.

I have reviewed your current medical or health insurance coverage. I believe the replacement of insurance involved with this transaction materially improves your position. My conclusion has taken into account the above considerations, which I have reviewed with you. Agent/Producer's Signature Print Name Date (mm/dd/yyyy) Applicant A's Signature Print Name Date (mm/dd/yyyy) Print Name Date (mm/dd/yyyy) Date (mm/dd/yyyy)

Genworth Life Insurance Company

Long Term Care Division Home Office: Richmond, Virginia

Administrative Office Address: [3100 Albert Lankford Drive, Lynchburg, VA 24501-4948]

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According to the information you have furnished, you intend to lapse or otherwise terminate existing accident and sickness or long term care insurance and replace it with long term care coverage, issued by Genworth Life Insurance Company. Your new coverage provides [30/45/60/90] days within which you may decide, without cost, whether you desire to keep the coverage. For your own information and protection, you should be aware of and seriously consider certain factors which may affect the insurance protection available to you under the new coverage.

You should review this new coverage carefully, comparing it with all accident and sickness or long term care coverage you now have, and terminate your present coverage only if, after due consideration, you find that purchase of this long term care coverage is a wise decision.

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- elimination periods or probationary periods. Your insurer will waive any time periods applicable to preexisting conditions, waiting periods, elimination periods or probationary periods in the new coverage for similar benefits to the extent such time was spent (depleted) under the original policy.
- 3. If you are replacing existing long term care insurance coverage, you may wish to secure the advice of your present insurer or its agent/producer regarding the proposed replacement of your present policy or certificate. This is not only your right, but it is also in your best interest to make sure you understand all the relevant factors involved in replacing your present coverage.
- 4. If, after due consideration, you still wish to terminate your present coverage and replace it with the new coverage, be certain to truthfully and completely answer all questions on the application concerning your medical health history. Failure to include all material medical information on an application may provide a basis for the company to deny future claims and to refund your premium as though your coverage had never been in force. After the application has been completed and before you sign it, reread it carefully to be certain that all information has been properly recorded.

IF AN AGENT/PRODUCER ASSISTS WIT	TH THE APPLICATION, HE OR SHE MUST COM	1PLETE THE FOLLOWING.	
•	insurance coverage. I believe the replacement of insuon has taken into account the above considerations, v		
Agent/Producer's Signature Print Name Date (mm/d			
Applicant: The above "Notice to Applicar	nt" was delivered to me on the date this form is :	signed.	
Applicant A's Signature	Print Name	Date (mm/dd/yyyy)	
Applicant B's Signature	Print Name	Date (mm/dd/yyyy)	

Administrative Offices: 3100 Albert Lankford Drive Lynchburg, VA 24501-4948

LONG TERM CARE INSURANCE POTENTIAL RATE INCREASE DISCLOSURE FORM

- 1. **Premium Rate Schedules:** In your enrollment materials you will find the premium rate schedules that are applicable to you and that will be in effect until a request is made, filed and approved by the appropriate state insurance departments for an increase.
- 2. The premium for your coverage will be shown on your Certificate Schedule.
- 3. **Rate Schedule Adjustments:** The premium rates for this coverage may change. Any change will be effective on the next billing date after the company has provided you at least 60 days written notice before we change premiums.
- 4. **Potential Rate Revisions:** This coverage is Guaranteed Renewable. This means that the rates for this product may be increased in the future. Your rate can NOT be increased due to your increasing age or declining health, but your rate may go up on a group or class basis. This means that your rates may increase based on the experience of all persons with coverage similar to yours.

If you receive a premium or premium schedule increase in the future, you will be notified of the new premium amount and you will be able to exercise at least one of the following options:

- Pay the increased premium and continue your coverage in force as is.
- Reduce your coverage benefits to a level such that your premiums will not increase. (Subject to state law minimum standards.)
- Exercise your nonforfeiture option if purchased. (This option is available for purchase for an additional premium.)
- Exercise your contingent nonforfeiture rights.* (This option applies if the nonforfeiture rider is put in force on your coverage.)

I have read the above information concerning "Potential Rate Increases."	-
Applicant A Signature	Date
Applicant B Signature	Date

* CONTINGENT NONFORFEITURE

If the premium rate for your coverage goes up in the future and you didn't buy a nonforfeiture option, you may be eligible for contingent nonforfeiture. Here's how to tell if you are eligible:

You will keep some long-term care insurance coverage, if:

- Your premium after the increase exceeds your original premium by the percentage shown (or more) in the following table; and
- You lapse (not pay more premiums) within 120 days of the increase.

The amount of coverage (i.e., new coverage maximum amount) you will keep will equal the total amount of premiums you've paid since your coverage was first issued. If you have already received benefits under the coverage, so that the remaining maximum benefit amount is less than the total amount of premiums you've paid, the amount of coverage will be that remaining amount.

Except for this reduced coverage maximum amount, all other coverage benefits will remain at the levels attained at the time of the lapse and will not increase thereafter.

Should you choose the Contingent Nonforfeiture option, your coverage, with this reduced maximum benefit amount, will be considered "paid-up" with no further premiums due.

Example:

- You bought the coverage at age 65 and paid the \$1,000 annual premium for 10 years, so you have paid a total of \$10,000 in premium.
- In the eleventh year, you receive a rate increase of 50%, or \$500, for a new annual premium of \$1,500, and you decide to lapse the coverage (not pay any more premiums).
- Your "paid-up" coverage benefits are \$10,000 (provided you have at least \$10,000 of benefits remaining under your coverage).

(over)

Applicant Copy–Retain this copy for your records.

Company Copy - Complete and return a signed copy with your application to Genworth Life Insurance Company.

CONTINGENT NONFORFEITURE

Cumulative Premium Increase over Initial Premium that qualifies for Contingent Nonforfeiture

(Percentage increase is cumulative from date of original issue. It does NOT represent a one-time increase.)

Issue Age	Percent Increase Over Initial Premium	Issue Age
29 and under	200%	72
30-34	190%	73
35-39	170%	74
40-44	150%	75
45-49	130%	76
50-54	110%	77
55-59	90%	78
60	70%	79
61	66%	80
62	62%	81
63	58%	82
64	54%	83
65	50%	84
66	48%	85
67	46%	86
68	44%	87
69	42%	88
70	40%	89
71	38%	90 and over

In addition to the contingent nonforfeiture benefits described above, the following reduced "paid-up" contingent nonforfeiture benefit is an option in all coverage that has a fixed or limited premium payment period, even if you selected a nonforfeiture benefit when you bought your coverage. If both the reduced "paid-up" benefit AND the contingent benefit described above are triggered by the same rate increase, you can choose either of the two benefits.

You are eligible for the reduced "paid-up" contingent nonforfeiture benefit when all three conditions shown below are met:

 The premium you are required to pay after the increase exceeds your original premium by the same percentage or more shown in the chart below:

Triggers for a Substantial Premium Increase

Issue Age	Percent Increase Over Initial Premium
Under 65	50%
65-80	30%
Over 80	10%

- 2. You stop paying your premiums within 120 days after the premium increase took effect; AND
- 3. The ratio of the number of months you already paid premiums is 40% or more than the number of months you originally agreed to pay.

Over Initial Premium 36% 34% 32% 30% 28% 26% 24% 22% 20% 19% 18% 17% 16% 15% 14% 13% 12% 11% 10%

Percent Increase

If you exercise this option, your coverage will be converted to reduced "paidup" status. That means there will be no additional premiums required. Your benefits will also change in the following ways:

- a. The total lifetime amount of benefits your reduced paid-up coverage will provide can be determined by multiplying 90% of the coverage maximum amount at the time the coverage becomes paid up by the ratio of the number of months you already paid premiums to the number of months you agreed to pay them.
- b. The Daily or Monthly benefit amounts you purchased will also be adjusted by the same ratio.

If you purchased lifetime benefits, only the Daily or Monthly benefit amounts you purchased will be adjusted by the applicable ratio.

Example:

- You bought the coverage at age 65 with an annual premium payable for 10 years.
- In the sixth year, you receive a rate increase of 35% and you decide to stop paying premiums.
- Because you have already paid 50% of your total premium payments and that is more than the 40% ratio, your "paid-up" coverage benefits are .45 (.90 times .50) times the coverage maximum amount that was in effect when you stopped paying your premiums. If you purchased inflation protection, it will not continue to apply to the benefits in the reduced "paidup" coverage.

Genworth Life Insurance Company[Administrative Office: P. O. Box 947500, Maitland FL 32794-7500 800-416-3624 Tel.]

Long Form Application [for Members, Retirees, Retirees' Spouses, Retirees' Domestic Partners, Parents, Grandparents]

This application is for:	New Applicant	Reinstatement	☐Coverage Increa	ase
A. Applicant Information	Print clearly – Use bla	ck ink		
Name (First)		(MI) (Last)		
Address				
City		State ZIP co	de Date of Birtl	/
Social Security Number	☐ Male Sex	Female] Married ☐ Single ☐ Wi arital status	
		-	a.m p.m	. Home Work
Work Phone Number	Home Phone	Number	Best time to call	
I am applying as (check the appro	r] [n Employee or Re s) of a[n Employee / that I am an elio parent/grandparent	Don'tiree/ Member] or Retiree/ Member] gible [member, retire	e, or the spouse, domes	e/ Member] tic partner, surviving
B. Eligible [Employee or Re	tiree/ Member]	Information		
Name (First)		(MI) (Last)		
Address (If different)				1.41 1.11 1.1
City		State ZIP co	de Date of Birtl	<u> / </u>
	☐ Male ☐	Female		
Social Security Number	Sex			
	<u></u>			/
Work Phone Number	Home Phor	ne Number	Date of Hir	e
Name of Eligible [Employer/Asso	ciation]			

37613 0311

C.	C. Insurability Profile		
	 Please answer "Yes" or "No" by checking the base. 1. Within the past 12 months, have you use any of the following: Assistance or supervision with moving toileting, bowel or bladder control or wa Home Health Care, Adult Day Care Facility, or any other Long Term Care F A Walker, Wheelchair, Quad Cane, Dialysis? 	ed or been advised by a Healthcare P in or out of a bed or chair, bathing lking; services, or care in a Nursing Hom facility; or	
2.	Do you have or have you ever been diagn following:	•	
	Syndrome (AIDS), AIDS related Complex (ARC), or positive HIV test • Amyotrophic Lateral Sclerosis (ALS also called Lou Gehrig's	Cancer of the following within the past 4 years: Bone, Brain, Esophagus, Liver, Lung, Ovary, Pancreas or Stomach Metastatic Cancer (cancer that has spread from its original site) Congestive Heart Failure (CHF)	 Huntington's Chorea Multiple Sclerosis (MS) Muscular Dystrophy Organ Transplant, other than Kidney or Cornea Parkinson's Disease Schizophrenia or other forms of

• Alzheimer's Disease

- Dementia
- Frequent or persistent forgetfulness or memory loss
- Organic Brain Syndrome
- Senility

- Cirrhosis of the Liver
- Cystic Fibrosis
- Diabetes under treatment with insulin or with a history of Transient Ischemic Attack (TIA), Heart Disease, or Circulatory/Vascular Disease
- Schizophrenia or other forms of Psychosis
- Stroke
- Transient Ischemic Attack (TIA) within past 5 years or more than one TIA

In most cases, answering "Yes" to questions 1 or 2 will disqualify you from having coverage. If you feel you have fully recovered or are no longer requiring services described above, please attach an explanation including conditions, services used and time frames. If your circumstances change, you may consider reapplying again at that time.

D. Personal Physician Information		
Please provide the following information about Doctor (the physician with most of your medical	your personal physician, sometimes called your Primary Care I records).	
Physician's Name (First)	(Last)	
Street Address		
City	State ZIP code Phone Number	
Have you seen this physician in the last two ye	ars? Yes	No
Date of last visit:	Reason:	

E. Medical History

If you need more space to explain any answer below, please attach another sheet of paper.

1.	con				al advice or treatment, been diagnosed by or nditions (check all that apply or NONE OF THE
	1.	Alcoholism		<u> </u>	Multiple Myeloma
	2.	Drug Addiction		<u> </u>	CREST Syndrome
	3	Amputation		23.	Scleroderma
П	4.	Angioplasty or Heart S	Surgery	<u> </u>	Lupus
同		Carotid or other Arteri			Depression
П		Congestive Heart Fail			Mental Illness
П		Heart Attack, Angina,		☐ 27.	Mental Retardation
Ħ		Peripheral Vascular D		=	Diabetes not treated with Insulin
		Combination with any	` ,		Disabling Back or Spine Condition
		Asthma or Chronic Br		_	Fibromyalgia
ಠ			Obstructive Pulmonary	_	Injury due to Falls or Imbalance
		Disease (COPD)	,		Joint Replacement Surgery
	11.	Brain Disorder			Osteoporosis
П	12.	Epilepsy, Seizures or	Convulsions		Rheumatoid Arthritis
П		Fainting Spells or Blad		=	Immune System Disorder
Ħ		Tremor	og • at		Kidney Failure
Ħ		Myasthenia Gravis			Kidney Transplant
Ħ		Post-Polio Syndrome			Skin Ulcers
Ħ		Paralysis		=	
Ħ		Cancer (excluding Ba	sal Cell of the Skin)	□ 39.	Other Conditions Causing Crippling or Limited Motion or Requiring Adaptive Devices
Ħ		Hodgkin's Disease			NE OF THE ABOVE
Ħ		Leukemia			NE OF THE ABOVE
ш	20.	Loakorria			
Ple	25E (nive details helow to a	Il boxes checked in Question	#1	
1 10	usc ;	give details below to a	ii boxes checked iii Question	<i>T</i> 1.	
_					
	ditio		Dhysisian's Name / Address	o / Dhana	Dogoviho
	ditioi nber		Physician's Name / Addres	ss / Phone	Describe
			Physician's Name / Addres	ss / Phone	Describe
			Physician's Name / Addres	ss / Phone	Describe
			Physician's Name / Addres	ss / Phone	Describe
			Physician's Name / Addres	ss / Phone	Describe
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			Physician's Name / Address	ss / Phone	Describe
			Physician's Name / Address	ss / Phone	Describe
			Physician's Name / Address	ss / Phone	Describe
2. 1	n the	Dates From/To	ou had any symptoms or know	/ledge of any	
2. I	n the	e past 3 years, have you	ou had any symptoms or know	/ledge of any	y other health condition that is Yes □ No
2. I	n the	e past 3 years, have you	ou had any symptoms or know	/ledge of any	y other health condition that is Yes □ No

E. Medical History (Continued)

If you need more space to explain any answer below, please attach another sheet of paper.

	Medication	Dosage			Reason		
	Been confined in or advis	sed to enter a hospital or r	ehabilitation fac	cility?		Yes	
	If Yes, please explain an	d include dates and reaso	ns				
		treated for any reason by eye doctor, podiatrist, den					
	If Yes, please provide the	e Healthcare Professional'	s name, locatio	n, specialty,	reason consulted ar	nd dates.	
	Name	City and Stat	e S	Specialty	Reason(s)	Dat	es
		shopping, using transpor					
	medications?					Yes	
	medications? If Yes, please explain typ	pe of assistance required a	and include date	es and reaso	ns		
	If Yes, please explain typ Been advised by a Healt		and include date	es and reason	ns. performed?		
	medications? If Yes, please explain typ Been advised by a Healt If Yes, please explain typ	be of assistance required a hcare Professional to have be of surgery, reason for si	and include date e surgery that h	es and reason as not been peduled surge	ns. performed? ry date.		
	medications? If Yes, please explain type Been advised by a Healt If Yes, please explain type Received disability income	be of assistance required a hcare Professional to have be of surgery, reason for so ne, workers' compensation	and include date e surgery that have and scheen	es and reason as not been peduled surge	performed?ry date.	Yes	
	medications? If Yes, please explain type Been advised by a Healt If Yes, please explain type Received disability incomes benefits?	he of assistance required a heare Professional to have be of surgery, reason for so ne, workers' compensation	e surgery that hurgery and sche	es and reason as not been peduled surge r Social Secu	performed?ry date.	Yes	
	medications? If Yes, please explain type Been advised by a Healt If Yes, please explain type Received disability incomes benefits? If Yes, please explain type	be of assistance required a heare Professional to have be of surgery, reason for some, workers' compensation be and cause:	e surgery that haurgery and sche	as not been peduled surge	performed?ry date.	Yes	
-	medications?	hcare Professional to have be of surgery, reason for some, workers' compensation be and cause:	e surgery that hourgery and sche	es and reason as not been peduled surge r Social Secu	performed?ry date.	Yes	
	medications? If Yes, please explain type Been advised by a Healt If Yes, please explain type Received disability incomes benefits? If Yes, please explain type	hcare Professional to have be of surgery, reason for some, workers' compensation be and cause:	e surgery that haurgery and sche	es and reason as not been peduled surge r Social Secu	performed?ry date.	Yes	
-	medications?	hcare Professional to have be of surgery, reason for some, workers' compensation be and cause:	e surgery that hourgery and sche	es and reason as not been peduled surge r Social Secu	performed?ry date.	Yes	
	medications?	hcare Professional to have be of surgery, reason for some, workers' compensation be and cause:	e surgery that hourgery and sche	es and reason as not been peduled surge r Social Secu	performed?ry date.	Yes	
	medications? If Yes, please explain type Been advised by a Healt If Yes, please explain type Received disability incomes benefits? If Yes, please explain type Used any form of tobaccompate last used:	hcare Professional to have be of surgery, reason for some, workers' compensation be and cause:	e surgery that havingery and sche	as not been peduled surge	performed?ry date.	Yes	

F.	Family History Profile
1.	Is your mother living?
	b. Did/Does your mother have any of the following illnesses: • Diabetes
	 Coronary Artery Disease or any other form of Vascular Disease
2.	Is your father living?
	b. Did/Does your father have any of the following illnesses: ● Diabetes
	 Coronary Artery Disease or any other form of Vascular Disease
G.	Applicant Profile
1.	Do you work 20 or more hours a week outside your home?
2.	Do you perform volunteer work?
3.	Do you have any hobbies, interests, or participate in any exercise program on a regular basis?
4.	Do you drive an automobile?
5.	If Yes, please provide approximate annual mileage: miles With whom do you live?
6.	Do you live in some form of a residential retirement community?
Н.	Replacement
	ease complete whether or not you have existing coverage and/or plan to replace it with this new coverage. All estions must be answered.
1.	Do you have another long term care insurance policy or certificate in force (including a health care service contract or health maintenance organization contract)?
	If Yes, provide details. Company Name:
	Individual or Group Policy Number: Type of Coverage:
2.	Did you have another Long Term Care, Nursing Home, or Home Health Care insurance policy or certificate in force during the past 12 months?
	If so, with which company? If that policy lapsed, when did it lapse?
3.	Do you intend to replace the above or any other long term care, medical or health insurance with this coverage?
	If so, which company's coverage will you be replacing?
1	Are you covered by Medicaid? (not a reference to Medicare)

I. Your Authorization and Signature

AUTHORIZATION: I authorize Genworth Life Insurance Company, its insurance support organizations (such as EMSI), affiliates and any reinsurers, to obtain information as to the diagnosis, treatment or prognosis of my physical and mental condition, other coverage and any other information needed to evaluate my application for insurance. Upon presentation of this authorization, or copy of it, they may obtain such information or records thereof from any physician, healthcare professional, hospital, clinic, Veterans Administration or other medical or medically related facility, care provider or evaluator, insurance company, consumer reporting agency or insurance support organization or other person or organization which has such information. [The Company and its reinsurers may also obtain such information from and share with the MIB.] This authorization includes information about drugs, alcoholism, and mental illness. I understand and agree that the Company or its representatives may conduct a phone or in-person interview as part of the underwriting process. I agree that this authorization will be valid for 24 months from the date signed, and know that I, or my authorized representative may request a photocopy of it.

I have read the above statements or they have been read to me. I represent that the statements contained in this application, including those made in response to any questions in this application and any attachments, are true and complete, to the best of my knowledge and belief, and I understand that they form the basis of any

coverage under the Group Policy. I understand that any misstatements or failure to report information that is material to the issuance of coverage may be used as a basis for rescission of my insurance and/or denial of payment of a claim. I agree to notify the Company of any change in my medical condition while my enrollment application is pending. Il agree that if my application is approved by the Company, the effective date of any coverage will be determined in accordance with the terms of the Group Policy, including any applicable [Actively At Work/Active Service] requirements. I also understand and agree that no insurance will be in effect pursuant to this application, or under any group policy or certificate issued by the Company unless or until the Group Policy [and Certificate have been delivered and accepted / is delivered] and there has been no change in the health of the applicant that would change the answer to any of the questions in the application. If I request to be insured under the Group Policy. I understand and agree that the insurance applied for shall not take effect unless and until my application is approved by the Company; and I have met the eligibility requirements of the Group Policy including the [Actively At Work/Active Service requirements noted in Section Al; and, there has been no change in my health that would change the answer to any of the questions in this application; and, the Group Policy is in effect.]

I have received a copy of the Notice to The Applicant regarding [the MIB;] Insurance Information Practices; and Telephone Interview Information.

I acknowledge that I have read the Fraud Warning below. X Signature Applicant:	belie	CAUTION: If y may have the Have you rece	and that they form the basis of your answers on this applic right to deny benefits or reserved the Outline of Coverage Shopper's or Buyer's Guide?	ation are incorrect scind your coverage, the Potential Rate	or untrue, Genworth le. e Increase Disclosure	Life Insurance Company Form and
Signed at (city, county, state): FRAUD WARNING: Any person who knowingly, and with intent to injure, defraud or deceive an insurance company, or other person, files a statement containing false or misleading information concerning any fact material hereto, commits a fraudulent insurance act which is subject to civil and/or criminal penalties, depending upon the state. Such actions may be deemed a felony and substantial fines may be imposed. J. Protection Against Unintended Lapse I understand that if I pay my premium other than through pension deductions, I have the right to designate at least one Authorized Designee other than myself to receive notice of lapse or termination of this long term care coverage for nonpayment of premium. I understand that notice will not be given until 30 days after a premium is due and unpaid. Please check one of the following: I elect NOT to name an Authorized Designee to receive this notice. I elect to name an Authorized Designee to receive this notice. Complete the information below ONLY if you elect to name an Authorized Designee. Full Name of Designee (First) (MI) (Last)		l acknowledge	that I have read the Fraud	Warning below.		
FRAUD WARNING: Any person who knowingly, and with intent to injure, defraud or deceive an insurance company, or other person, files a statement containing false or misleading information concerning any fact material hereto, commits a fraudulent insurance act which is subject to civil and/or criminal penalties, depending upon the state. Such actions may be deemed a felony and substantial fines may be imposed. J. Protection Against Unintended Lapse I understand that if I pay my premium other than through pension deductions, I have the right to designate at least one Authorized Designee other than myself to receive notice of lapse or termination of this long term care coverage for nonpayment of premium. I understand that notice will not be given until 30 days after a premium is due and unpaid. Please check one of the following: I elect NOT to name an Authorized Designee to receive this notice. I elect to name an Authorized Designee to receive this notice. Complete the information below ONLY if you elect to name an Authorized Designee. Full Name of Designee (First) (MI) (Last)	X	Signature	Applicant:			Date:
company, or other person, files a statement containing false or misleading information concerning any fact material hereto, commits a fraudulent insurance act which is subject to civil and/or criminal penalties, depending upon the state. Such actions may be deemed a felony and substantial fines may be imposed. J. Protection Against Unintended Lapse I understand that if I pay my premium other than through pension deductions, I have the right to designate at least one Authorized Designee other than myself to receive notice of lapse or termination of this long term care coverage for nonpayment of premium. I understand that notice will not be given until 30 days after a premium is due and unpaid. Please check one of the following: I elect NOT to name an Authorized Designee to receive this notice. I elect to name an Authorized Designee to receive this notice. Complete the information below ONLY if you elect to name an Authorized Designee. Full Name of Designee (First) (MI) (Last)			Signed at (city, county, state	e):		
I understand that if I pay my premium other than through pension deductions, I have the right to designate at least one Authorized Designee other than myself to receive notice of lapse or termination of this long term care coverage for nonpayment of premium. I understand that notice will not be given until 30 days after a premium is due and unpaid. Please check one of the following: I elect NOT to name an Authorized Designee to receive this notice. Complete the information below ONLY if you elect to name an Authorized Designee. Full Name of Designee (First) (MI) (MI) (Last)	con mat	npany, or othe terial hereto, co	r person, files a statement mmits a fraudulent insuran	t containing false ce act which is sul	or misleading infor oject to civil and/or o	mation concerning any fact riminal penalties, depending
Authorized Designee other than myself to receive notice of lapse or termination of this long term care coverage for nonpayment of premium. I understand that notice will not be given until 30 days after a premium is due and unpaid. Please check one of the following: I elect NOT to name an Authorized Designee to receive this notice. Complete the information below ONLY if you elect to name an Authorized Designee. Full Name of Designee (First) (MI) (Last)	J. F	Protection Ag	gainst Unintended Laps	se		
Complete the information below ONLY if you elect to name an Authorized Designee. Full Name of Designee (First) (MI) (Last)	Auth non	horized Designeen payment of prem	e other than myself to receive nium. I understand that notice f the following:	notice of lapse or to will not be given un ct NOT to name an <i>i</i>	ermination of this long til 30 days after a pren Authorized Designee t	term care coverage for nium is due and unpaid. o receive this notice.
				or to marrie arr / tatric		
	Cor	mplete the infor			-	
Street Address			mation below ONLY if you e	elect to name an Au	uthorized Designee.	
			mation below ONLY if you e	elect to name an Au	uthorized Designee.	
City State ZIP code Phone Number	Full	Name of Desig	mation below ONLY if you e	elect to name an Au	uthorized Designee.	

You may change the named designee at any time by notifying us in writing at the following address: Genworth Life

37613 0311

Insurance Company, [Administrative Office, P. O. Box 947500, Maitland FL 32794-7500].

K. Coverage Selections Please select your coverage options. [\$100 **\$200** \$300] [per day] Facility Care Maximum (FCM): Plan Package (Consult the enrollment materials for details of the coverage under each plan): [Plan A 1095 x FCM, 1825 x FCM, 3650 x FCM] [Plan C 1095 x FCM, 1825 x FCM, 3650 x FCM] [Inflation Protection/Future Purchase Options: I have reviewed the outline of coverage and the graphs that compare the benefits and premiums of the Group Policy with and without inflation protection. I select the following option: I reject Automatic Inflation Protection; however, I understand that my coverage automatically includes Future Purchase Options] [I reject Automatic Inflation Protection – 5% Compound Annual Increases for Life Rider] I Automatic Inflation Protection − 5% Simple Annual Increases Rider Automatic Inflation Protection – 5% Compound Annual Increases for Life Rider Automatic Inflation Protection – 5% Compound Annual Increases To Age 70 Rider [Automatic Inflation Protection – [3/4/5% Compound Annual Increases To Age 76 Rider] Automatic Inflation Protection Age-Adjusted Protection: Ages 61 and 76 Rider [Automatic Inflation Protection Age-Adjusted Compound Protection: Ages 61 and 76 Rider] [Automatic Inflation Protection Age-Adjusted Protection – Compound Through 65, Simple Thereafter Rider]

Yes No. I have reviewed the outline of coverage and compared the benefits and premiums of the Group Policy

Date:

with and without Nonforfeiture benefits and I reject the Nonforfeiture Benefit.]

37613 0311 7

[Nonforfeiture Benefit:

Signature

[L. Premium Payment Authorization Complete this s	section to authorize premium payment.
AUTOMATIC PENSION DEDUCTION. (Note: You must all an alternative payment choice in the event pension deduction)	so complete either payment option 2 or option 3 to indicate on is not available.)
	and Spouses [or Domestic Partners] of Retirees receiving Policyholder. If you select this option, your premiums will be
	ify that I am an Eligible Retiree. As such, I authorize the required premium for my and/or my spouse's [or domestic
Name (First) (MI)	(Last)
X	
Signature of Eligible Member	Date Social Security Number
(retiree or annuitant currently receiving pension benefits)	
Name of Retirement System	
OR	
2. BILL ME DIRECTLY. Select one billing frequency	Annually Semi-Annually Quarterly
OR	
electronic funds transfer is a debit service that offers a c Insurance Company will collect the long term care insuran	Monthly Electronic Funds Transfer Works: Monthly onvenient way to pay insurance premiums. Genworth Life ice premiums from your bank account electronically — you mium withdrawals will appear on your bank statement, and remium.
Monthly Electronic Funds Transfer Agreement	
I authorize the Company to electronically withdraw money from my account Checking Savings at:	coverage. I will compensate the Company for any loss, claim, or liability caused by these withdrawals and will
name of bank	not hold the Company responsible for any such loss,
bank address	claim, or liability. This authorization will not affect the
	terms of my coverage. Authorizing this automatic payment plan does not put this coverage into effect.
telephone	This authorization may be retracted by me or the
for the payment of premiums and other charges on this coverage.	Company at any time for any reason by giving written notice. The Company may retract the authorization immediately, without giving me written notice, if any
I authorize the Company to continue to make these withdrawals if there is a renewal, or other change in my	debt is not paid by the bank stated above, for any reason.
X	
Signature of Accountholder	
Print Name (First) (MI)	(Last)
PLEASE ATTACH VOIDED CHECK. REQUIRED TO PI	ROCESS THIS PAYMENT OPTION!]

M. Notice To The Applicant

[MEDICAL INFORMATION BUREAU

The insurer or its reinsurers may make a brief report regarding your insurability to the Medical Information Bureau (MIB), a non-profit membership organization of life insurance companies that operates an information exchange on behalf of its members. If you apply to another MIB-member company for life or health insurance or a claim for benefits is submitted to such a company, the MIB will supply such company with the information they have about you.

At your request, the MIB will disclose any information it has in your file. If you question the accuracy of information in the MIB's file, you may seek a correction in accordance with the procedures set forth in the Federal Fair Credit Reporting Act.

The address and phone number of the MIB's information office are: Medical Information Bureau [P.O. Box 105, Essex Station] [Boston, Massachusetts 02111] [(617) 426-3660]

The insurer, or its reinsurer, may also release information in its file to other life insurance companies to whom you may apply for life or health insurance, or to whom a claim for benefits may be submitted.]

Insurance Information Practices

To issue insurance coverage, we need to obtain information about you. Some of that information will come from you, and some will come from other sources. This information may in certain circumstances be disclosed to third parties without your specific authorization as permitted or required by law.

You have the right to access and correct this information, except information that relates to a claim or a civil or criminal proceeding.

Upon your written request, the Company will provide you with a more detailed written notice explaining the types of information that may be collected, the types of sources and investigative techniques that may be used, the types of disclosures that may be made and the circumstances under which they may be made without your authorization, a description of your rights to access and correct information, and the role of insurance support organizations with regard to your information.

If you would like more information about our information practices, please write to us at: Genworth Life Insurance Company [ADDRESS LINE 1 ADDRESS LINE 2]

Telephone Interview Information

To help process your application as soon as possible, the Company may have one of its representatives call you by telephone, at your convenience, and obtain additional underwriting information.

SERFF Tracking Number: GEFA-127125383 State: Arkansas
Filing Company: Genworth Life Insurance Company State Tracking Number: 48834

Company Tracking Number:

TOI: LTC03G Group Long Term Care Sub-TOI: LTC03G.001 Qualified

Product Name: Mega 2.0

Project Name/Number: Mega 2.0/7053POL

Rate Information

Rate data applies to filing.

Filing Method: SERFF

Rate Change Type: Neutral

Overall Percentage of Last Rate Revision: 0.000%

Effective Date of Last Rate Revision:

Filing Method of Last Filing:

Company Rate Information

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where required):	Minimum % Change (where required):
Genworth Life Insurance Company	0.000%	0.000%	\$0	0	\$0	0.000%	0.000%

 SERFF Tracking Number:
 GEFA-127125383
 State:
 Arkansas

 Filing Company:
 Genworth Life Insurance Company
 State Tracking Number:
 48834

Company Tracking Number:

TOI: LTC03G Group Long Term Care Sub-TOI: LTC03G.001 Qualified

Product Name: Mega 2.0

Project Name/Number: Mega 2.0/7053POL

Rate/Rule Schedule

Schedule Document Name: Affected Form Rate Rate Action Information: Attachments

Item Numbers: Action:*

Status: (Separated with

commas)

Approved- 7053 Rates 7053 POL et al New Standard

Closed Premium Rates

06/20/2011 __Form 7053_.pdf

Administrative Office: 3100 Albert Lankford Drive, Lynchburg, VA 24501

LONG TERM CARE INSURANCE POLICY

Policy Form Series: 7053

February 2011

Premium Rates

Tables A-1 to A-8

The Base premium rate tables (Tables A-1 to A-8) vary by Underwriting method and discounts available. In addition, rates are tabulated by Benefit Period, Benefit Increase Option and Issue Age. These premium rates are for:

- 90 Service Day Elimination Period
- Lifetime Premium Payment Term

and include the following benefits:

- Privileged Care Coordination Services
- Nursing Facility Benefit
- Assisted Living Facility Benefit (Excludes Room and Board)
- Home and Community Care Benefit (Incidental Homemaker and Chore Services, Home Health Agencies and Independent Providers only) paid at 100% of Nursing Facility
- Bed Reservation Benefit (Nursing Home Only)
- Home Assistance Benefit
- Hospice Care Benefit
- Respite Care Benefit
- Alternate Care Benefit
- International Coverage Benefit
- Waiver of Premium Benefit (Nursing Facility only)
- Contingent Nonforfeiture Benefit

Rates in the base tables have been provided for issue ages 18, 25, 30, 35, 40, 45, 50, 55, 60, 65, 70, 75, 80, 85, 90 and 94. Rates for ages in between will be calculated by linear interpolation. Rates have also been provided for benefit periods (in days) 730, 1095, 1460, 1825, 2190, 2920, 3650 and Unlimited. Additionally, a 365 Day benefit period will be offered with rates equal to 70% of those shown in the 730 Day Tables. Rates for other benefit periods will be determined by linear interpolation.

Summary Table

Rating Option	Method of UW (i.e. Appl	Discounts Available	Base Rate Table Number		
	Employees/Members	Spouses	Others		
1	Long Form	Long Form Long Form		See "A" in Discounts Available section	A-1
2	Comprehensive Modified GI (up to age 65) Must be Actively at Work (AAW)	Long Form for all ages	Long Form	See "B" in Discounts Available section	A-2
3	Simplified Modified GI or GI (up to age 65) Must be AAW	Short Form up to age 65; Long Form thereafter	Long Form	See "C" in Discounts Available section	A-3
4	Simplified Modified GI or GI for all ages. Must be AAW	Short Form up to age 65; Long Form thereafter	Long Form	See "C" in Discounts Available section	A-4
5	Comprehensive Modified GI (up to age 65) Must be AAW	Short Form up to age 65; Long Form thereafter	Long Form	See "C" in Discounts Available section	A-5
6	Comprehensive Modified GI for all ages. Must be AAW	Short Form up to age 65; Long Form thereafter	Long Form	See "C" in Discounts Available section	A-6
7	Short Form for all ages. Must be AAW	Short Form up to age 65; Long Form thereafter	Long Form	See "C" in Discounts Available section	A-7
8	GI for all ages. Must be AAW For a Core Plan funded by Policyholder	Short Form up to age 65; Long Form thereafter	Long Form	See "C" in Discounts Available section	A-8

Table AA-1 and AA-2

These two tables of factors convert rates from No Bio to either FPO or GPO. The factors are applied directly to the No Bio Base Rates found in Table A.

Table B

This table of factors converts rates from Lifetime Pay to either 10-Pay or Pay-to-65. Factors vary by Issue Age.

Table C-1

Table C-1 converts 90 Service Day Elimination Period (EP) rates to 0, 30, 60, 180 or 365 Service Day EP rates.

Tables D-1 to D-3

These tables contain factors for basic plan options.

Table E-1 to E-4

Table E-1 converts the Elimination Period from Service Days to Calendar Days. Table E-2 converts the 100% Home Care to Reduced Home Care coverage. Table E-3 converts the 100% Assisted Living Facility to Reduced Assisted Living Facility coverage. Table E-4 converts the policy to an 80% Coinsurance Plan.

<u>Table F-1 to F-15</u>

These tables contain factors for other benefit options and riders.

Table G

Rates for groups with simplified underwriting include a 15% level commission. This table contains adjustment factors for alternative commission levels.

Table H

This is a Group Underwriting Factor to account for unique characteristics of a given group.

Table I

This is an Expense Adjustment Factor to account for group specific expenses.

Table J

This table contains modal factors for different billing frequencies.

Rate Calculation Example

Issue Age: 60

Benefit Period: 1,095 Days

FPO Option 8 – 5% Compound Every 3 Years (Reduced by Claims)

Underwriting Method: GI to Age 65 (Actively at Work)

Step	Description	Rate Calculation
1	Get annual rate per \$10 Daily Benefit from Table A-3	70.16
1a	If BIO is FPO or GPO use the No Bio Base Rate and apply AA-1 or AA-2 Factor	1.035
2	Premium payment term is Lifetime. Factor from Table B	1.00
3	Result: Step 1 x Step 1a x Step 2	72.61560
4	Elimination Period is 60 Service Days. Factor from Table C-1	10%
5	Result: Step 3 x (1 + Step 4)	79.87716
6	Basic plan options (Tables D-1 to D-3)	
	Add ALF Room and Board coverage. Factor from Table D-2	10.5%
	Add Waiver coverage on ALF and Home Care. Factor from Table D-3	1.0%
	Sum of factors for Tables D-1 to D-3	11.5%
7	Result: Step 5 x (1 + sum of factors from Step 6)	89.06303
8	Other plan features (Tables E-1 to E-4)	
	75% Home & Community Care. Factor from Table E-2	-4.5%
	Sum of factors for Tables E-1 to E-4	-4.5%
9	Result: Step 7 x (1 + sum of factors from Step 8)	85.05520
10	Optional Benefits (Tables F-1 to F-14)	
	0-Day elimination period for Home Care. Factor from Table F-1	6.4%
	Enhanced 7-Year Survivorship Benefit. Factor from Table F-8	12.5%
	Nonforfeiture Benefit. Factor from Table F-10	12.0%
	Sum of factors for Tables F-1 to F-14	30.9%
11	Result: Step 9 x (1 + sum of factors from step 10)	111.33725
12	Commission Adjustment (5% Commission)	.875
13	Group Level Risk Adjustment	1.00
14	Expense Adjustment	1.00
15	Result: Step 11 x Step 12 x Step 13 x Step 14	97.42010
16	\$200 Daily Benefit i.e. 20 "units" of daily benefit	20
17	Result: Step 15 x Step 16	1,948.40192
18	Premiums payable semi-annually. Factor from Table J	0.5
10	Result: Step 17 x Step 18	¢074.20
19	Kesuit. Step 17 x Step 16	\$974.20

Table A-1

Annual rates per \$10 Daily Benefit (or per \$300 Monthly Benefit)

Issue Age	e Age Lifetime Maximum:		me Maximum: 730 x Daily Benefit					Lifetime Maximum:		1,095 x Daily Benefit				
	No BIO	5% Equal BIO	5% Compound to 65, 5% Equal	Graded	3% Compound BIO	4% Compound BIO	5% Compound BIO	No BIO	5% Equal BIO	5% Compound to 65, 5% Equal	Graded	3% Compound BIO	4% Compound BIO	5% Compound BIO
25 or Under	33.19	54.14	70.65	67.54	55.96	62.05	72.94	44.24	68.42	88.40	84.50	70.72	77.64	91.27
30	36.18	57.79	73.87	70.12	58.91	63.77	76.61	47.73	72.93	92.32	87.64	74.35	79.70	95.75
35	39.16	61.43	77.03	72.63	61.13	65.33	80.26	51.22	77.44	96.19	90.69	77.05	81.59	100.23
40	41.34	64.41	80.71	76.42	62.62	70.05	84.68	54.06	80.65	100.64	95.28	78.40	87.33	105.58
45	41.91	64.87	81.22	77.22	62.91	72.10	85.79	54.79	80.68	101.09	96.11	79.04	89.74	106.79
50	43.98	65.52	82.95	78.39	63.44	75.29	88.20	55.19	81.85	105.92	100.11	79.24	96.14	112.63
55	45.52	66.09	88.26	81.75	65.24	82.35	94.95	57.52	85.09	109.53	101.46	83.98	102.20	117.84
60	61.60	92.61	97.49	88.38	88.73	94.69	107.40	72.45	112.91	128.31	107.76	108.18	124.62	141.35
65	90.68	127.70	127.70	115.44	118.90	137.89	153.84	105.97	162.69	162.69	147.06	151.47	174.15	194.31
70	153.86	202.77	202.77	181.13	188.82	210.35	230.93	184.58	258.80	258.80	231.17	240.99	271.45	298.02
75	263.67	340.46	340.46	298.68	317.98	355.56	384.25	331.42	434.38	434.38	381.06	405.70	468.06	505.83
80	461.43	561.75	561.75	495.40	527.41	568.89	614.80	579.98	716.73	716.73	632.06	672.91	748.89	809.32
85	672.36	817.10	817.10	720.58	767.15	817.79	883.78	845.11	1042.51	1042.51	919.36	978.78	1076.54	1163.41
90	1054.69	1259.70	1259.70	1110.90	1182.69	1280.01	1383.30	1325.67	1607.19	1607.19	1417.35	1508.95	1685.01	1820.98
94	1450.20	1787.40	1787.40	1576.27	1678.14	1777.80	1921.25	1822.81	2280.48	2280.48	2011.10	2141.07	2340.30	2529.14

Issue Age	ge Lifetime Maximum:		etime Maximum: 1,460 x Daily Benefit				Lifet			Lifetime Maximum: 1,825 x		c Daily Benefit			
	No BIO	5% Equal BIO	5% Compound to 65, 5% Equal	Graded	3% Compound BIO	4% Compound BIO	5% Compound BIO	No BIO	5% Equal BIO	5% Compound to 65, 5% Equal	Graded	3% Compound BIO	4% Compound BIO	5% Compound BIO	
25 or Under	48.23	75.31	98.66	94.30	77.85	86.64	101.85	56.28	86.07	114.23	109.16	90.14	100.31	117.93	
30	51.31	80.79	103.53	98.29	82.36	89.38	107.38	59.00	94.25	118.68	112.65	94.42	102.47	123.09	
35	54.38	86.27	108.37	102.17	85.84	91.91	112.90	62.15	96.73	123.18	116.11	97.54	104.45	128.29	
40	57.67	90.09	112.76	106.75	87.58	97.86	118.30	65.19	102.43	129.00	121.70	100.11	112.41	135.91	
45	58.70	90.37	113.26	107.16	87.66	100.05	119.06	66.56	102.93	129.76	123.13	100.45	114.65	136.42	
50	59.17	91.53	120.41	113.81	88.62	109.29	128.04	67.15	103.43	131.76	124.55	101.47	119.62	140.12	
55	62.18	94.17	121.94	114.64	92.94	113.77	131.18	69.10	107.94	135.02	126.91	102.91	125.95	145.23	
60	81.55	128.83	143.10	122.94	123.43	138.98	157.64	94.78	146.59	165.58	142.26	142.83	160.82	182.42	
65	113.79	180.56	180.56	163.21	168.10	194.06	216.53	129.10	200.60	200.60	191.00	196.71	227.10	253.38	
70	205.11	291.88	291.88	260.73	271.80	309.28	339.56	236.49	328.65	328.65	300.84	313.61	356.88	391.79	
75	371.06	494.67	494.67	433.95	462.00	523.54	565.79	416.84	567.02	567.02	490.50	522.20	591.74	639.49	
80	668.83	848.86	848.86	748.59	796.97	879.54	950.52	714.22	931.67	931.67	808.48	860.74	949.91	1026.56	
85	974.59	1234.70	1234.70	1088.85	1159.22	1264.36	1366.38	1043.36	1355.45	1355.45	1177.89	1254.01	1367.74	1478.12	
90	1528.76	1903.50	1903.50	1678.64	1787.13	1978.99	2138.68	1637.61	2090.65	2090.65	1814.21	1931.46	2138.80	2311.40	
94	2102.05	2700.91	2700.91	2381.87	2535.81	2748.60	2970.39	2250.52	2964.79	2964.79	2574.14	2740.52	2970.48	3210.18	

Issue Age	Lifetime M	aximum:	2,190	x Daily Be	nefit			Lifetime M	aximum:	2,920	x Daily Bei	nefit		
	No BIO	5% Equal BIO	5% Compound to 65, 5% Equal	Graded	3% Compound BIO	4% Compound BIO	5% Compound BIO	No BIO	5% Equal BIO	5% Compound to 65, 5% Equal	Graded	3% Compound BIO	4% Compound BIO	5% Compound BIO
25 or Under	61.63	94.13	119.43	114.14	94.24	104.89	123.29	65.84	102.91	129.65	123.92	104.43	113.89	133.86
30	62.60	100.99	126.29	119.87	100.42	109.00	130.94	69.31	110.39	136.02	129.11	109.95	117.41	141.05
35	67.33	107.19	133.01	125.40	104.73	112.80	138.56	73.48	116.35	143.49	135.29	114.80	121.70	149.50
40	70.21	112.16	139.16	130.78	107.29	120.76	145.98	76.08	120.67	149.96	140.72	116.93	130.14	157.33
45	71.55	113.33	139.44	132.34	107.38	122.97	146.34	77.42	121.46	150.63	142.33	117.45	132.59	157.79
50	71.65	114.41	140.87	134.29	109.00	127.86	149.79	77.92	122.99	151.45	143.72	118.70	137.46	161.04
55	73.38	119.43	143.73	135.85	111.53	134.09	154.61	79.49	131.69	153.50	145.78	126.65	143.20	165.11
60	96.99	159.92	177.86	152.81	153.42	172.72	195.93	104.69	177.00	190.79	168.31	168.98	185.29	210.18
65	140.04	213.98	213.98	206.62	212.81	245.71	274.12	152.70	235.45	235.45	219.66	226.24	264.24	294.82
70	253.38	353.92	353.92	324.54	338.32	384.99	422.66	274.30	386.71	386.71	350.01	364.87	417.15	457.98
75	448.17	611.34	611.34	528.78	562.95	637.93	689.40	481.36	667.49	667.49	582.64	620.29	692.05	747.45
80	769.15	1005.28	1005.28	872.11	928.48	1024.67	1107.36	833.70	1101.21	1101.21	963.96	1026.26	1109.27	1198.10
85	1121.61	1464.79	1464.79	1270.65	1352.75	1475.44	1594.50	1214.77	1602.00	1602.00	1403.17	1493.84	1595.81	1723.58
90	1760.98	2257.28	2257.28	1957.17	2083.67	2307.36	2493.55	1908.17	2470.99	2470.99	2161.67	2301.39	2496.78	2695.86
94	2420.19	3203.45	3203.45	2777.58	2957.10	3205.27	3463.90	2622.44	3504.92	3504.92	3067.25	3265.48	3468.05	3744.27

Issue Age	Lifetime Ma	aximum:	3,650	x Daily Bei	nefit			Lifetime M	aximum:	Unlimited				
	No BIO	5% Equal BIO	5% Compound to 65, 5% Equal	Graded	3% Compound BIO	4% Compound BIO	5% Compound BIO	No BIO	5% Equal BIO	5% Compound to 65, 5% Equal	Graded	3% Compound BIO	4% Compound BIO	5% Compound BIO
25 or Under	70.05	111.69	139.87	133.70	114.62	122.90	144.43	82.12	135.02	170.34	162.82	139.56	149.62	175.86
30	76.02	119.79	145.75	138.35	119.49	125.83	151.15	88.49	143.77	178.78	169.72	146.56	154.34	185.41
35	79.62	125.50	153.97	145.18	124.88	130.59	160.45	94.85	152.51	187.13	176.42	151.75	158.71	194.97
40	81.95	129.19	160.76	150.67	126.57	139.52	168.67	96.93	156.94	193.80	181.64	152.57	168.19	203.32
45	83.30	129.60	161.82	152.33	127.52	142.21	169.24	97.11	158.25	194.75	183.33	153.50	171.18	203.70
50	84.19	131.57	162.03	153.15	128.40	147.06	172.30	98.15	160.90	196.59	185.81	155.79	178.43	209.05
55	85.61	143.96	163.27	155.72	141.78	152.32	175.61	99.26	173.06	196.68	187.63	170.82	183.51	211.59
60	112.40	194.07	203.73	183.81	184.55	197.86	224.43	134.55	240.01	253.87	229.03	229.95	246.56	279.67
65	165.35	256.91	256.91	232.70	239.67	282.78	315.51	195.12	311.77	311.77	281.82	290.26	342.46	382.10
70	295.23	419.50	419.50	375.48	391.43	449.31	493.30	345.04	477.77	477.77	426.77	444.90	510.71	560.70
75	514.56	723.64	723.64	636.50	677.64	746.17	805.49	600.10	825.62	825.62	724.28	771.10	848.14	916.57
80	898.24	1197.14	1197.14	1055.82	1124.04	1193.87	1288.85	1050.17	1362.28	1362.28	1201.36	1279.00	1357.02	1466.52
85	1307.94	1739.21	1739.21	1535.70	1634.93	1716.18	1852.66	1530.24	1981.50	1981.50	1747.44	1860.37	1950.71	2108.11
90	2055.35	2684.70	2684.70	2366.16	2519.10	2686.20	2898.17	2400.38	3054.80	3054.80	2693.95	2868.06	3053.29	3299.66
94	2824.69	3806.39	3806.39	3356.92	3573.87	3730.83	4024.63	3300.53	4334.53	4334.53	3822.52	4069.56	4240.67	4582.86

Table A-2

Annual rates per \$10 Daily Benefit (or per \$300 Monthly Benefit)

Issue Age	Lifetime Ma	aximum:	730	x Daily Bei	nefit			Lifetime M	aximum:	1,095	x Daily Bei	nefit		
	No BIO	5% Equal BIO	5% Compound to 65, 5% Equal	Graded	3% Compound BIO	4% Compound BIO	5% Compound BIO	No BIO	5% Equal BIO	5% Compound to 65, 5% Equal	Graded	3% Compound BIO	4% Compound BIO	5% Compound BIO
25 or Under	35.68	58.20	75.95	72.61	60.16	66.70	78.41	47.56	73.55	95.03	90.84	76.02	83.46	98.12
30	38.89	62.12	79.41	75.38	63.33	68.55	82.36	51.31	78.40	99.24	94.21	79.93	85.68	102.93
35	42.10	66.04	82.81	78.08	65.71	70.23	86.28	55.06	83.25	103.40	97.49	82.83	87.71	107.75
40	44.44	69.24	86.76	82.15	67.32	75.30	91.03	58.11	86.70	108.19	102.43	84.28	93.88	113.50
45	45.05	69.74	87.31	83.01	67.63	77.51	92.22	58.90	86.73	108.67	103.32	84.97	96.47	114.80
50	47.28	70.43	89.17	84.27	68.20	80.94	94.82	59.33	87.99	113.86	107.62	85.18	103.35	121.08
55	48.93	71.05	94.88	87.88	70.13	88.53	102.07	61.83	91.47	117.74	109.07	90.28	109.87	126.68
60	66.22	99.56	104.80	95.01	95.38	101.79	115.46	77.88	121.38	137.93	115.84	116.29	133.97	151.95
65	97.48	137.28	137.28	124.10	127.82	148.23	165.38	113.92	174.89	174.89	158.09	162.83	187.21	208.88
70	165.40	217.98	217.98	194.71	202.98	226.13	248.25	198.42	278.21	278.21	248.51	259.06	291.81	320.37
75	283.45	365.99	365.99	321.08	341.83	382.23	413.07	356.28	466.96	466.96	409.64	436.13	503.16	543.77
80	496.04	603.88	603.88	532.56	566.97	611.56	660.91	623.48	770.48	770.48	679.46	723.38	805.06	870.02
85	722.79	878.38	878.38	774.62	824.69	879.12	950.06	908.49	1120.70	1120.70	988.31	1052.19	1157.28	1250.67
90	1133.79	1354.18	1354.18	1194.22	1271.39	1376.01	1487.05	1425.10	1727.73	1727.73	1523.65	1622.12	1811.39	1957.55
94	1558.97	1921.46	1921.46	1694.49	1804.00	1911.14	2065.34	1959.52	2451.52	2451.52	2161.93	2301.65	2515.82	2718.83

Issue Age	Lifetime Ma	aximum:	1,460	x Daily Bei	nefit			Lifetime Ma	aximum:	1,825	x Daily Ber	nefit		
	No BIO	5% Equal BIO	5% Compound to 65, 5% Equal	Graded	3% Compound BIO	4% Compound BIO	5% Compound BIO	No BIO	5% Equal BIO	5% Compound to 65, 5% Equal	Graded	3% Compound BIO	4% Compound BIO	5% Compound BIO
25 or Under	51.85	80.96	106.06	101.37	83.69	93.14	109.49	60.50	92.53	122.80	117.35	96.90	107.83	126.77
30	55.16	86.85	111.29	105.66	88.54	96.08	115.43	63.43	101.32	127.58	121.10	101.50	110.16	132.32
35	58.46	92.74	116.50	109.83	92.28	98.80	121.37	66.81	103.98	132.42	124.82	104.86	112.28	137.91
40	62.00	96.85	121.22	114.76	94.15	105.20	127.17	70.08	110.11	138.68	130.83	107.62	120.84	146.10
45	63.10	97.15	121.75	115.20	94.23	107.55	127.99	71.55	110.65	139.49	132.36	107.98	123.25	146.65
50	63.61	98.39	129.44	122.35	95.27	117.49	137.64	72.19	111.19	141.64	133.89	109.08	128.59	150.63
55	66.84	101.23	131.09	123.24	99.91	122.30	141.02	74.28	116.04	145.15	136.43	110.63	135.40	156.12
60	87.67	138.49	153.83	132.16	132.69	149.40	169.46	101.89	157.58	178.00	152.93	153.54	172.88	196.10
65	122.32	194.10	194.10	175.45	180.71	208.61	232.77	138.78	215.65	215.65	205.33	211.46	244.13	272.38
70	220.49	313.77	313.77	280.28	292.19	332.48	365.03	254.23	353.30	353.30	323.40	337.13	383.65	421.17
75	398.89	531.77	531.77	466.50	496.65	562.81	608.22	448.10	609.55	609.55	527.29	561.37	636.12	687.45
80	718.99	912.52	912.52	804.73	856.74	945.51	1021.81	767.79	1001.55	1001.55	869.12	925.30	1021.15	1103.55
85	1047.68	1327.30	1327.30	1170.51	1246.16	1359.19	1468.86	1121.61	1457.11	1457.11	1266.23	1348.06	1470.32	1588.98
90	1643.42	2046.26	2046.26	1804.54	1921.16	2127.41	2299.08	1760.43	2247.45	2247.45	1950.28	2076.32	2299.21	2484.76
94	2259.70	2903.48	2903.48	2560.51	2726.00	2954.75	3193.17	2419.31	3187.15	3187.15	2767.20	2946.06	3193.27	3450.94

Issue Age	Lifetime M	aximum:	2,190	x Daily Be	nefit			Lifetime M	aximum:	2,920	x Daily Be	nefit		
	No BIO	5% Equal BIO	5% Compound to 65, 5% Equal	Graded	3% Compound BIO	4% Compound BIO	5% Compound BIO	No BIO	5% Equal BIO	5% Compound to 65, 5% Equal	Graded	3% Compound BIO	4% Compound BIO	5% Compound BIO
25 or Under	66.25	101.19	128.39	122.70	101.31	112.76	132.54	70.78	110.63	139.38	133.22	112.27	122.44	143.90
30	67.30	108.56	135.76	128.86	107.95	117.18	140.76	74.51	118.67	146.22	138.80	118.20	126.23	151.63
35	72.38	115.23	142.99	134.81	112.58	121.26	148.95	78.99	125.07	154.26	145.44	123.42	130.82	160.72
40	75.48	120.57	149.60	140.59	115.34	129.82	156.93	81.79	129.73	161.21	151.28	125.70	139.90	169.13
45	76.92	121.83	149.90	142.27	115.43	132.19	157.32	83.24	130.58	161.93	153.01	126.26	142.54	169.63
50	77.02	122.99	151.44	144.36	117.18	137.45	161.02	83.76	132.22	162.81	154.50	127.61	147.77	173.12
55	78.88	128.39	154.51	146.04	119.89	144.15	166.21	85.46	141.58	165.02	156.72	136.15	153.95	177.50
60	104.26	171.91	191.20	164.27	164.93	185.67	210.62	112.55	190.27	205.11	180.94	181.66	199.19	225.94
65	150.54	230.03	230.03	222.12	228.77	264.14	294.68	164.15	253.11	253.11	236.14	243.21	284.07	316.93
70	272.38	380.46	380.46	348.88	363.69	413.86	454.36	294.88	415.71	415.71	376.26	392.24	448.44	492.33
75	481.78	657.19	657.19	568.44	605.17	685.77	741.11	517.47	717.55	717.55	626.34	666.82	743.95	803.51
80	826.84	1080.68	1080.68	937.52	998.12	1101.52	1190.41	896.23	1183.81	1183.81	1036.27	1103.23	1192.47	1287.96
85	1205.73	1574.65	1574.65	1365.95	1454.21	1586.10	1714.09	1305.89	1722.15	1722.15	1508.42	1605.88	1715.50	1852.85
90	1893.05	2426.58	2426.58	2103.96	2239.95	2480.41	2680.57	2051.28	2656.32	2656.32	2323.79	2473.99	2684.04	2898.05
94	2601.70	3443.71	3443.71	2985.90	3178.88	3445.67	3723.69	2819.12	3767.79	3767.79	3297.30	3510.40	3728.16	4025.09

Issue Age	Lifetime Ma	aximum:	3,650	x Daily Bei	nefit			Lifetime M	aximum:	Unlimited				
	No BIO	5% Equal BIO	5% Compound to 65, 5% Equal	Graded	3% Compound BIO	4% Compound BIO	5% Compound BIO	No BIO	5% Equal BIO	5% Compound to 65, 5% Equal	Graded	3% Compound BIO	4% Compound BIO	5% Compound BIO
25 or Under	75.30	120.07	150.36	143.73	123.22	132.12	155.26	88.28	145.15	183.12	175.03	150.03	160.84	189.05
30	81.72	128.77	156.68	148.73	128.45	135.27	162.49	95.13	154.55	192.19	182.45	157.55	165.92	199.32
35	85.59	134.91	165.52	156.07	134.25	140.38	172.48	101.96	163.95	201.16	189.65	163.13	170.61	209.59
40	88.10	138.88	172.82	161.97	136.06	149.98	181.32	104.20	168.71	208.34	195.26	164.01	180.80	218.57
45	89.55	139.32	173.96	163.75	137.08	152.88	181.93	104.39	170.12	209.36	197.08	165.01	184.02	218.98
50	90.50	141.44	174.18	164.64	138.03	158.09	185.22	105.51	172.97	211.33	199.75	167.47	191.81	224.73
55	92.03	154.76	175.52	167.40	152.41	163.74	188.78	106.70	186.04	211.43	201.70	183.63	197.27	227.46
60	120.83	208.63	219.01	197.60	198.39	212.70	241.26	144.64	258.01	272.91	246.21	247.20	265.05	300.65
65	177.75	276.18	276.18	250.15	257.65	303.99	339.17	209.75	335.15	335.15	302.96	312.03	368.14	410.76
70	317.37	450.96	450.96	403.64	420.79	483.01	530.30	370.92	513.60	513.60	458.78	478.27	549.01	602.75
75	553.15	777.91	777.91	684.24	728.46	802.13	865.90	645.11	887.54	887.54	778.60	828.93	911.75	985.31
80	965.61	1286.93	1286.93	1135.01	1208.34	1283.41	1385.51	1128.93	1464.45	1464.45	1291.46	1374.93	1458.80	1576.51
85	1406.04	1869.65	1869.65	1650.88	1757.55	1844.89	1991.61	1645.01	2130.11	2130.11	1878.50	1999.90	2097.01	2266.22
90	2209.50	2886.05	2886.05	2543.62	2708.03	2887.67	3115.53	2580.41	3283.91	3283.91	2896.00	3083.16	3282.29	3547.13
94	3036.54	4091.87	4091.87	3608.69	3841.91	4010.64	4326.48	3548.07	4659.62	4659.62	4109.21	4374.78	4558.72	4926.57

Table A-3

Annual rates per \$10 Daily Benefit (or per \$300 Monthly Benefit)

Issue Age	Lifetime Ma	aximum:	730	x Daily Be	nefit			Lifetime M	aximum:	1,095	x Daily Bei	nefit		
	No BIO	5% Equal BIO	5% Compound to 65, 5% Equal	Graded	3% Compound BIO	4% Compound BIO	5% Compound BIO	No BIO	5% Equal BIO	5% Compound to 65, 5% Equal	Graded	3% Compound BIO	4% Compound BIO	5% Compound BIO
25 or Under	21.88	47.44	74.12	70.84	49.04	65.10	76.52	26.89	57.84	89.89	85.92	59.79	78.95	92.80
30	22.45	50.53	77.79	73.85	51.51	67.16	80.68	27.07	61.27	93.88	89.12	62.46	81.04	97.36
35	23.02	54.24	81.43	76.77	53.97	69.06	84.84	27.25	65.46	97.82	92.22	65.13	82.97	101.92
40	25.37	62.50	91.19	86.34	60.76	79.14	95.67	29.13	71.17	104.95	99.36	69.19	91.07	110.10
45	26.73	67.19	97.26	92.47	65.17	86.35	102.75	29.86	72.71	107.87	102.56	70.53	95.77	113.96
50	33.06	74.32	107.10	101.23	71.96	97.21	113.89	36.29	81.74	117.93	111.46	79.14	107.04	125.40
55	44.22	80.82	120.45	111.56	79.77	112.38	129.58	48.11	90.85	132.86	123.05	89.67	123.96	142.93
60	64.96	115.43	139.46	110.15	110.59	135.44	153.63	70.16	127.82	157.24	121.97	122.46	152.70	173.21
65	96.12	169.09	169.09	152.85	157.43	177.22	197.74	112.50	193.07	193.07	174.52	179.75	215.93	240.93
70	151.63	224.69	224.69	200.70	209.22	233.46	256.31	179.77	275.27	275.27	245.90	256.34	300.51	329.93
75	238.28	344.21	344.21	301.96	321.47	389.30	420.71	299.27	442.04	442.04	387.77	412.84	513.31	554.72
80	416.98	564.96	564.96	498.22	530.42	622.88	673.15	523.72	725.54	725.54	639.83	681.18	821.29	887.56
85	607.60	821.77	821.77	724.70	771.53	895.39	967.64	763.14	1055.32	1055.32	930.66	990.81	1180.60	1275.87
90	953.10	1266.89	1266.89	1117.23	1189.44	1401.49	1514.57	1197.07	1626.97	1626.97	1434.78	1527.51	1847.90	1997.01
94	1310.52	1797.62	1797.62	1585.27	1687.73	1946.50	2103.57	1645.97	2308.53	2308.53	2035.84	2167.41	2566.52	2773.62

Issue Age	Lifetime Ma	aximum:	1,460	x Daily Bei	nefit			Lifetime Ma	aximum:	1,825	x Daily Bei	nefit		
	No BIO	5% Equal BIO	5% Compound to 65, 5% Equal	Graded	3% Compound BIO	4% Compound BIO	5% Compound BIO	No BIO	5% Equal BIO	5% Compound to 65, 5% Equal	Graded	3% Compound BIO	4% Compound BIO	5% Compound BIO
25 or Under	28.12	63.67	100.24	95.80	65.81	88.04	103.48	31.18	70.05	110.24	105.37	72.41	96.82	113.81
30	28.96	67.88	105.20	99.86	69.20	90.81	109.10	31.77	73.95	114.57	108.76	75.38	98.91	118.82
35	29.80	72.94	110.10	103.80	72.58	93.38	114.71	32.36	78.74	118.84	112.04	78.35	100.79	123.82
40	32.29	80.74	118.84	112.52	78.49	103.14	124.68	34.10	84.81	126.14	118.22	82.45	109.46	132.33
45	33.51	83.85	123.44	116.78	81.33	109.05	129.76	35.16	87.55	129.69	122.08	84.92	114.00	135.65
50	41.24	92.42	134.89	127.49	89.48	122.44	143.44	43.80	97.82	144.46	136.54	94.71	131.13	153.62
55	53.68	102.69	151.88	142.78	101.36	141.71	163.39	57.16	109.35	161.91	154.46	107.93	151.06	174.18
60	78.56	144.89	180.93	138.27	138.82	175.71	199.31	84.22	155.41	193.70	148.31	148.90	188.12	213.38
65	122.10	217.57	217.57	196.67	202.56	240.07	267.86	138.53	252.13	252.13	227.91	234.74	280.92	313.44
70	203.48	309.97	309.97	276.88	288.64	341.04	374.42	234.60	357.63	357.63	319.46	333.03	393.49	432.01
75	335.06	500.12	500.12	438.73	467.09	572.31	618.49	376.40	565.29	565.29	495.91	527.96	646.86	699.06
80	603.95	853.72	853.72	752.88	801.53	961.48	1039.06	658.70	927.85	927.85	818.24	871.13	1034.98	1118.49
85	880.04	1241.78	1241.78	1095.08	1165.86	1382.12	1493.65	959.81	1349.60	1349.60	1190.18	1267.10	1487.78	1607.83
90	1380.45	1914.39	1914.39	1688.26	1797.36	2163.32	2337.89	1505.59	2080.63	2080.63	1834.86	1953.44	2328.70	2516.61
94	1898.12	2716.38	2716.38	2395.50	2550.32	3004.61	3247.07	2070.19	2952.26	2952.26	2603.52	2771.78	3234.30	3495.29

Issue Age	Lifetime Ma	aximum:	2,190	x Daily Bei	nefit			Lifetime M	aximum:	2,920	x Daily Bei	nefit		
	No BIO	5% Equal BIO	5% Compound to 65, 5% Equal	Graded	3% Compound BIO	4% Compound BIO	5% Compound BIO	No BIO	5% Equal BIO	5% Compound to 65, 5% Equal	Graded	3% Compound BIO	4% Compound BIO	5% Compound BIO
25 or Under	34.15	76.61	115.26	110.18	75.70	101.24	118.99	36.48	83.76	125.12	119.62	83.89	109.93	129.19
30	33.71	79.24	121.91	115.73	80.18	105.21	126.40	37.32	86.62	131.31	124.65	87.79	113.34	136.15
35	35.06	87.26	128.33	121.01	84.12	108.85	133.73	38.26	94.72	138.44	130.55	92.22	117.43	144.29
40	36.72	92.87	136.07	127.04	88.37	117.59	142.14	39.79	99.92	146.64	136.70	96.31	126.73	153.18
45	37.80	96.39	139.36	131.21	90.77	122.28	145.51	40.90	103.32	150.55	141.12	99.29	131.85	156.90
50	46.73	108.20	154.45	147.21	101.74	140.16	164.22	50.82	116.32	166.05	157.55	110.80	150.69	176.56
55	60.70	120.99	172.35	165.34	116.97	160.83	185.42	65.76	133.41	184.07	177.43	132.84	171.76	198.02
60	86.19	169.54	208.06	159.31	159.93	202.04	229.18	93.04	187.65	223.20	175.47	176.16	216.75	245.85
65	150.27	268.94	268.94	246.55	253.95	303.94	339.10	163.85	295.92	296.24	262.11	269.98	326.87	364.70
70	251.36	385.14	385.14	344.62	359.27	424.48	466.05	272.12	420.82	421.29	371.67	387.47	459.94	505.00
75	404.69	609.48	609.48	534.62	569.15	697.34	753.62	434.66	665.46	666.84	589.08	627.13	756.50	817.07
80	709.36	1001.15	1001.15	882.64	939.68	1116.44	1206.53	768.89	1096.69	1097.39	975.60	1038.65	1208.62	1305.41
85	1031.80	1458.48	1458.48	1283.90	1366.88	1604.93	1734.43	1117.51	1595.10	1597.17	1417.82	1509.44	1735.87	1874.84
90	1619.02	2246.45	2246.45	1979.45	2107.39	2512.22	2714.93	1754.34	2459.14	2460.62	2186.27	2327.58	2718.46	2935.21
94	2226.27	3189.92	3189.92	2809.29	2990.84	3489.94	3771.54	2412.31	3490.11	3493.71	3102.27	3302.74	3776.06	4076.81

Issue Age	Lifetime Ma	aximum:	3,650	c Daily Bei	nefit			Lifetime Ma	aximum:	Unlimited				
	No BIO	5% Equal BIO	5% Compound to 65, 5% Equal	Graded	3% Compound BIO	4% Compound BIO	5% Compound BIO	No BIO	5% Equal BIO	5% Compound to 65, 5% Equal	Graded	3% Compound BIO	4% Compound BIO	5% Compound BIO
25 or Under	38.81	90.91	134.98	129.05	92.08	118.62	139.38	43.13	104.16	155.81	148.96	106.26	136.87	160.86
30	40.93	93.99	140.71	133.57	95.40	121.46	145.90	45.16	106.92	163.58	155.31	110.90	141.21	169.64
35	41.46	102.17	148.55	140.09	100.31	126.01	154.85	46.81	117.68	171.11	161.36	115.53	145.15	178.36
40	42.86	106.97	157.20	146.36	104.25	135.86	164.22	48.06	123.17	179.61	167.24	119.11	155.23	187.63
45	44.00	110.24	161.73	151.03	107.80	141.41	168.28	48.62	127.58	184.49	172.29	122.99	161.33	191.98
50	54.91	124.44	177.65	167.88	119.85	161.22	188.90	60.68	144.23	204.30	193.06	137.83	185.40	217.23
55	70.82	145.83	195.79	189.52	148.70	182.68	210.61	77.83	166.17	223.55	216.45	169.81	208.61	240.52
60	99.88	205.75	238.33	191.63	192.39	231.45	262.52	113.33	241.16	281.49	226.32	227.21	273.37	310.06
65	177.43	322.90	323.53	277.67	286.00	349.79	390.30	198.45	371.40	371.40	318.73	328.30	401.51	448.01
70	292.88	456.50	457.43	398.71	415.67	495.40	543.94	328.02	498.24	498.24	434.30	452.77	539.63	592.49
75	464.63	721.43	724.19	643.53	685.11	815.66	880.52	519.30	788.81	788.81	701.77	747.11	888.50	960.20
80	828.42	1192.22	1193.63	1068.56	1137.61	1300.79	1404.28	928.18	1300.15	1300.15	1165.19	1240.50	1416.94	1531.28
85	1203.21	1731.72	1735.85	1551.73	1652.00	1866.80	2015.24	1349.06	1890.75	1890.75	1692.11	1801.48	2033.50	2197.57
90	1889.65	2671.82	2674.79	2393.09	2547.77	2924.69	3155.48	2114.92	2913.48	2913.48	2611.09	2779.84	3185.86	3442.92
94	2598.35	3790.30	3797.49	3395.24	3614.64	4062.18	4382.07	2909.57	4136.37	4136.37	3705.06	3944.48	4424.90	4781.97

Table A-4

Annual rates per \$10 Daily Benefit (or per \$300 Monthly Benefit)

Issue Age	Lifetime Ma	aximum:	730	x Daily Be	nefit			Lifetime M	aximum:	1,095	x Daily Bei	nefit		
	No BIO	5% Equal BIO	5% Compound to 65, 5% Equal	Graded	3% Compound BIO	4% Compound BIO	5% Compound BIO	No BIO	5% Equal BIO	5% Compound to 65, 5% Equal	Graded	3% Compound BIO	4% Compound BIO	5% Compound BIO
25 or Under	21.88	47.44	74.12	70.84	49.04	65.10	76.52	26.89	57.84	89.89	85.92	59.79	78.95	92.80
30	22.45	50.53	77.79	73.85	51.51	67.16	80.68	27.07	61.27	93.88	89.12	62.46	81.04	97.36
35	23.02	54.24	81.43	76.77	53.97	69.06	84.84	27.25	65.46	97.82	92.22	65.13	82.97	101.92
40	25.37	62.50	91.19	86.34	60.76	79.14	95.67	29.13	71.17	104.95	99.36	69.19	91.07	110.10
45	26.73	67.19	97.26	92.47	65.17	86.35	102.75	29.86	72.71	107.87	102.56	70.53	95.77	113.96
50	33.06	74.32	107.10	101.23	71.96	97.21	113.89	36.29	81.74	117.93	111.46	79.14	107.04	125.40
55	44.22	80.82	120.45	111.56	79.77	112.38	129.58	48.11	90.85	132.86	123.05	89.67	123.96	142.93
60	64.96	115.43	139.46	110.15	110.59	135.44	153.63	70.16	127.82	157.24	121.97	122.46	152.70	173.21
65	96.12	169.09	169.09	152.85	157.43	177.22	197.74	112.50	193.07	193.07	174.52	179.75	215.93	240.93
70	168.48	249.65	249.65	223.00	232.47	259.40	284.79	199.74	305.86	305.86	273.22	284.82	333.90	366.59
75	264.75	382.45	382.45	335.51	357.19	432.56	467.46	332.52	491.15	491.15	430.86	458.71	570.34	616.36
80	463.31	627.73	627.73	553.58	589.36	692.09	747.94	581.91	806.15	806.15	710.92	756.87	912.54	986.18
85	675.11	913.08	913.08	805.22	857.26	994.88	1075.16	847.93	1172.58	1172.58	1034.07	1100.90	1311.78	1417.63
90	1059.00	1407.65	1407.65	1241.37	1321.60	1557.21	1682.86	1330.08	1807.74	1807.74	1594.20	1697.23	2053.22	2218.90
94	1456.13	1997.35	1997.35	1761.41	1875.25	2162.78	2337.30	1828.86	2565.03	2565.03	2262.04	2408.23	2851.69	3081.80

Issue Age	Lifetime Ma	aximum:	1,460	x Daily Bei	nefit			Lifetime M	aximum:	1,825	x Daily Bei	nefit		
	No BIO	5% Equal BIO	5% Compound to 65, 5% Equal	Graded	3% Compound BIO	4% Compound BIO	5% Compound BIO	No BIO	5% Equal BIO	5% Compound to 65, 5% Equal	Graded	3% Compound BIO	4% Compound BIO	5% I Compound BIO
25 or Under	28.12	63.67	100.24	95.80	65.81	88.04	103.48	31.18	70.05	110.24	105.37	72.41	96.82	113.81
30	28.96	67.88	105.20	99.86	69.20	90.81	109.10	31.77	73.95	114.57	108.76	75.38	98.91	118.82
35	29.80	72.94	110.10	103.80	72.58	93.38	114.71	32.36	78.74	118.84	112.04	78.35	100.79	123.82
40	32.29	80.74	118.84	112.52	78.49	103.14	124.68	34.10	84.81	126.14	118.22	82.45	109.46	132.33
45	33.51	83.85	123.44	116.78	81.33	109.05	129.76	35.16	87.55	129.69	122.08	84.92	114.00	135.65
50	41.24	92.42	134.89	127.49	89.48	122.44	143.44	43.80	97.82	144.46	136.54	94.71	131.13	153.62
55	53.68	102.69	151.88	142.78	101.36	141.71	163.39	57.16	109.35	161.91	154.46	107.93	151.06	174.18
60	78.56	144.89	180.93	138.27	138.82	175.71	199.31	84.22	155.41	193.70	148.31	148.90	188.12	213.38
65	122.10	217.57	217.57	196.67	202.56	240.07	267.86	138.53	252.13	252.13	227.91	234.74	280.92	313.44
70	226.09	344.41	344.41	307.64	320.71	378.93	416.02	260.67	397.37	397.37	354.95	370.03	437.21	480.01
75	372.29	555.69	555.69	487.48	518.99	635.90	687.21	418.22	628.10	628.10	551.01	586.62	718.73	776.73
80	671.05	948.58	948.58	836.53	890.59	1068.31	1154.51	731.89	1030.94	1030.94	909.16	967.92	1149.98	1242.77
85	977.82	1379.75	1379.75	1216.76	1295.40	1535.69	1659.61	1066.46	1499.56	1499.56	1322.42	1407.89	1653.09	1786.48
90	1533.83	2127.10	2127.10	1875.84	1997.07	2403.69	2597.65	1672.88	2311.81	2311.81	2038.73	2170.49	2587.44	2796.23
94	2109.02	3018.20	3018.20	2661.67	2833.69	3338.46	3607.85	2300.21	3280.29	3280.29	2892.80	3079.76	3593.67	3883.65

Issue Age	Lifetime Ma	aximum:	2,190	x Daily Bei	nefit			Lifetime Ma	aximum:	2,920	x Daily Ber	nefit		
	No BIO	5% Equal BIO	5% Compound to 65, 5% Equal	Graded	3% Compound BIO	4% Compound BIO	5% Compound BIO	No BIO	5% Equal BIO	5% Compound to 65, 5% Equal	Graded	3% Compound BIO	4% Compound BIO	5% Compound BIO
25 or Under	34.15	76.61	115.26	110.18	75.70	101.24	118.99	36.48	83.76	125.12	119.62	83.89	109.93	129.18
30	33.71	79.24	121.91	115.73	80.18	105.21	126.40	37.32	86.61	131.31	124.65	87.79	113.33	136.15
35	35.06	87.26	128.33	121.01	84.12	108.85	133.73	38.26	94.71	138.44	130.55	92.21	117.43	144.29
40	36.72	92.87	136.07	127.04	88.37	117.59	142.14	39.79	99.92	146.64	136.70	96.31	126.72	153.18
45	37.80	96.39	139.36	131.21	90.77	122.28	145.51	40.90	103.32	150.55	141.12	99.29	131.85	156.90
50	46.73	108.20	154.45	147.21	101.74	140.16	164.22	50.82	116.32	166.05	157.55	110.80	150.69	176.56
55	60.70	120.99	172.35	165.34	116.97	160.83	185.42	65.76	133.41	184.07	177.43	132.83	171.75	198.02
60	86.19	169.54	208.06	159.31	159.93	202.04	229.18	93.03	187.64	223.19	175.47	176.16	216.74	245.85
65	150.27	268.94	268.94	246.55	253.95	303.94	339.10	163.85	295.92	296.24	262.11	269.98	326.86	364.70
70	279.29	427.93	427.93	382.91	399.19	471.64	517.83	302.36	467.58	468.09	412.96	430.52	511.04	561.10
75	449.65	677.20	677.20	594.02	632.39	774.82	837.35	482.95	739.39	740.92	654.52	696.81	840.56	907.85
80	788.18	1112.39	1112.39	980.71	1044.09	1240.49	1340.59	854.33	1218.54	1219.33	1084.00	1154.05	1342.91	1450.45
85	1146.44	1620.53	1620.53	1426.56	1518.75	1783.26	1927.14	1241.67	1772.33	1774.62	1575.35	1677.15	1928.74	2083.15
90	1798.91	2496.06	2496.06	2199.39	2341.54	2791.35	3016.59	1949.26	2732.38	2734.02	2429.19	2586.20	3020.51	3261.34
94	2473.63	3544.35	3544.35	3121.43	3323.15	3877.71	4190.60	2680.34	3877.89	3881.89	3446.96	3669.71	4195.62	4529.79

Issue Age	Lifetime Ma	aximum:	3,650	C Daily Bei	nefit			Lifetime M	aximum:	Unlimited				
	No BIO	5% Equal BIO	5% Compound to 65, 5% Equal	Graded	3% Compound BIO	4% Compound BIO	5% Compound BIO	No BIO	5% Equal BIO	5% Compound to 65, 5% Equal	Graded	3% Compound BIO	4% Compound BIO	5% Compound BIO
25 or Under	38.81	90.91	134.98	129.05	92.08	118.62	139.38	43.13	104.16	155.81	148.96	106.26	136.87	160.86
30	40.93	93.99	140.71	133.57	95.40	121.46	145.90	45.16	106.92	163.58	155.31	110.90	141.21	169.64
35	41.46	102.17	148.55	140.09	100.31	126.01	154.85	46.81	117.68	171.11	161.36	115.53	145.15	178.36
40	42.86	106.97	157.20	146.36	104.25	135.86	164.22	48.06	123.17	179.61	167.24	119.11	155.23	187.63
45	44.00	110.24	161.73	151.03	107.80	141.41	168.28	48.62	127.58	184.49	172.29	122.99	161.33	191.98
50	54.91	124.44	177.65	167.88	119.85	161.22	188.90	60.68	144.23	204.30	193.06	137.83	185.40	217.23
55	70.82	145.83	195.79	189.52	148.70	182.68	210.61	77.83	166.17	223.55	216.45	169.81	208.61	240.52
60	99.88	205.75	238.33	191.63	192.39	231.45	262.52	113.33	241.16	281.49	226.32	227.21	273.37	310.06
65	177.43	322.90	323.53	277.67	286.00	349.79	390.30	198.45	371.40	371.40	318.73	328.30	401.51	448.01
70	325.42	507.22	508.25	443.01	461.85	550.44	604.38	364.47	553.60	553.60	482.55	503.08	599.59	658.32
75	516.26	801.59	804.65	715.03	761.23	906.29	978.36	577.00	876.46	876.46	779.74	830.12	987.22	1066.89
80	920.47	1324.69	1326.26	1187.29	1264.01	1445.32	1560.31	1031.31	1444.61	1444.61	1294.66	1378.33	1574.38	1701.42
85	1336.90	1924.13	1928.72	1724.14	1835.56	2074.22	2239.16	1498.95	2100.83	2100.83	1880.12	2001.64	2259.44	2441.74
90	2099.61	2968.69	2971.99	2658.99	2830.85	3249.66	3506.09	2349.91	3237.20	3237.20	2901.21	3088.71	3539.84	3825.47
94	2887.06	4211.44	4219.43	3772.49	4016.27	4513.53	4868.97	3232.85	4595.97	4595.97	4116.73	4382.76	4916.56	5313.30

Table A-5

Annual rates per \$10 Daily Benefit (or per \$300 Monthly Benefit)

Issue Age	Lifetime Ma	aximum:	730	x Daily Bei	nefit			Lifetime M	aximum:	1,095	x Daily Bei	nefit		
	No BIO	5% Equal BIO	5% Compound to 65, 5% Equal	Graded	3% Compound BIO	4% Compound BIO	5% Compound BIO	No BIO	5% Equal BIO	5% Compound to 65, 5% Equal	Graded	3% Compound BIO	4% Compound BIO	5% Compound BIO
25 or Under	21.44	46.49	72.64	69.42	48.06	63.80	74.99	26.35	56.68	88.09	84.20	58.59	77.37	90.94
30	22.00	49.52	76.23	72.37	50.48	65.82	79.07	26.53	60.04	92.00	87.34	61.21	79.42	95.41
35	22.56	53.16	79.80	75.23	52.89	67.68	83.14	26.71	64.15	95.86	90.38	63.83	81.31	99.88
40	24.86	61.25	89.37	84.61	59.54	77.56	93.76	28.55	69.75	102.85	97.37	67.81	89.25	107.90
45	26.20	65.85	95.31	90.62	63.87	84.62	100.70	29.26	71.26	105.71	100.51	69.12	93.85	111.68
50	32.40	72.83	104.96	99.21	70.52	95.27	111.61	35.56	80.11	115.57	109.23	77.56	104.90	122.89
55	42.89	78.40	116.84	108.21	77.38	109.01	125.69	46.67	88.12	128.87	119.36	86.98	120.24	138.64
60	62.36	110.81	133.88	105.74	106.17	130.02	147.48	67.35	122.71	150.95	117.09	117.56	146.59	166.28
65	91.31	160.64	160.64	145.21	149.56	168.36	187.85	106.88	183.42	183.42	165.79	170.76	205.13	228.88
70	143.21	212.20	212.20	189.55	197.60	220.49	242.07	169.78	259.98	259.98	232.24	242.10	283.82	311.60
75	225.04	325.08	325.08	285.18	303.61	367.68	397.34	282.64	417.48	417.48	366.23	389.90	484.79	523.91
80	393.81	533.57	533.57	470.54	500.96	588.28	635.75	494.62	685.23	685.23	604.28	643.34	775.66	838.25
85	573.84	776.12	776.12	684.44	728.67	845.65	913.89	720.74	996.69	996.69	878.96	935.77	1115.01	1204.99
90	900.15	1196.50	1196.50	1055.16	1123.36	1323.63	1430.43	1130.57	1536.58	1536.58	1355.07	1442.65	1745.24	1886.07
94	1237.71	1697.75	1697.75	1497.20	1593.96	1838.36	1986.71	1554.53	2180.28	2180.28	1922.73	2047.00	2423.94	2619.53

Issue Age	Lifetime Ma	aximum:	1,460	x Daily Bei	nefit			Lifetime M	aximum:	1,825	x Daily Bei	nefit		
	No BIO	5% Equal BIO	5% Compound to 65, 5% Equal	Graded	3% Compound BIO	4% Compound BIO	5% Compound BIO	No BIO	5% Equal BIO	5% Compound to 65, 5% Equal	Graded	3% Compound BIO	4% Compound BIO	5% Compound BIO
25 or Under	27.56	62.40	98.24	93.88	64.49	86.28	101.41	30.56	68.65	108.04	103.26	70.96	94.88	111.53
30	28.38	66.52	103.10	97.86	67.82	88.99	106.92	31.13	72.47	112.28	106.58	73.87	96.93	116.44
35	29.20	71.48	107.90	101.72	71.13	91.51	112.42	31.71	77.17	116.46	109.80	76.78	98.77	121.34
40	31.64	79.13	116.46	110.27	76.92	101.08	122.19	33.42	83.11	123.62	115.86	80.80	107.27	129.68
45	32.84	82.17	120.97	114.44	79.70	106.87	127.16	34.46	85.80	127.10	119.64	83.22	111.72	132.94
50	40.42	90.57	132.19	124.94	87.69	119.99	140.57	42.92	95.86	141.57	133.81	92.82	128.51	150.55
55	52.07	99.61	147.32	138.50	98.32	137.46	158.49	55.45	106.07	157.05	149.83	104.69	146.53	168.95
60	75.42	139.09	173.69	132.74	133.27	168.68	191.34	80.85	149.19	185.95	142.38	142.94	180.60	204.84
65	116.00	206.69	206.69	186.84	192.43	228.07	254.47	131.60	239.52	239.52	216.51	223.00	266.87	297.77
70	192.18	292.75	292.75	261.49	272.60	322.09	353.62	221.57	337.76	337.76	301.71	314.53	371.63	408.01
75	316.45	472.34	472.34	414.36	441.14	540.52	584.13	355.49	533.89	533.89	468.36	498.63	610.92	660.22
80	570.39	806.29	806.29	711.05	757.00	908.06	981.33	622.11	876.30	876.30	772.79	822.73	977.48	1056.35
85	831.15	1172.79	1172.79	1034.25	1101.09	1305.34	1410.67	906.49	1274.63	1274.63	1124.06	1196.71	1405.13	1518.51
90	1303.76	1808.04	1808.04	1594.46	1697.51	2043.14	2208.00	1421.95	1965.04	1965.04	1732.92	1844.92	2199.32	2376.80
94	1792.67	2565.47	2565.47	2262.42	2408.64	2837.69	3066.67	1955.18	2788.25	2788.25	2458.88	2617.80	3054.62	3301.10

Issue Age	Lifetime M	aximum:	2,190	x Daily Be	nefit			Lifetime M	aximum:	2,920	x Daily Bei	nefit		
	No BIO	5% Equal BIO	5% Compound to 65, 5%	Graded	3% Compound BIO	4% Compound BIO	5% Compound BIO	No BIO	5% Equal BIO	5% Compound to 65, 5%	Graded	3% Compound BIO	4% Compound BIO	5% Compound BIO
05 11 1	00.47	75.00	Equal	407.00	74.40	00.00	110.01	05.75	00.00	Equal	447.00	20.00	107.71	100.00
25 or Under	33.47	75.08	112.95	107.98	74.19	99.22	116.61	35.75	82.09	122.62	117.23	82.22	107.74	126.60
30	33.04	77.66	119.47	113.42	78.58	103.11	123.87	36.58	84.89	128.69	122.16	86.04	111.07	133.43
35	34.36	85.51	125.76	118.59	82.44	106.67	131.06	37.50	92.82	135.67	127.94	90.37	115.08	141.41
40	35.99	91.01	133.35	124.50	86.60	115.24	139.30	39.00	97.92	143.71	133.97	94.39	124.19	150.12
45	37.04	94.46	136.57	128.59	88.95	119.83	142.60	40.08	101.25	147.54	138.30	97.30	129.21	153.76
50	45.80	106.04	151.36	144.27	99.71	137.36	160.94	49.81	114.00	162.73	154.40	108.58	147.68	173.03
55	58.88	117.36	167.18	160.38	113.46	156.01	179.86	63.79	129.41	178.55	172.11	128.85	166.61	192.08
60	82.74	162.76	199.74	152.94	153.53	193.96	220.01	89.31	180.14	214.27	168.45	169.11	208.08	236.02
65	142.76	255.49	255.49	234.22	241.25	288.74	322.15	155.66	281.13	281.42	249.01	256.48	310.52	346.47
70	237.40	363.74	363.74	325.47	339.31	400.89	440.16	257.01	397.44	397.88	351.02	365.94	434.38	476.94
75	382.20	575.62	575.62	504.92	537.53	658.60	711.75	410.51	628.49	629.79	556.35	592.29	714.48	771.68
80	669.95	945.53	945.53	833.60	887.48	1054.42	1139.50	726.18	1035.76	1036.43	921.40	980.95	1141.47	1232.88
85	974.47	1377.45	1377.45	1212.58	1290.94	1515.77	1638.07	1055.42	1506.48	1508.43	1339.05	1425.59	1639.43	1770.68
90	1529.07	2121.65	2121.65	1869.48	1990.31	2372.65	2564.10	1656.87	2322.52	2323.92	2064.81	2198.27	2567.43	2772.14
94	2102.59	3012.70	3012.70	2653.22	2824.68	3296.05	3562.01	2278.30	3296.21	3299.61	2929.92	3119.26	3566.28	3850.32

Issue Age	Lifetime Ma	aximum:	3,650	c Daily Bei	nefit			Lifetime M	aximum:	Unlimited				
	No BIO	5% Equal BIO	5% Compound to 65, 5% Equal	Graded	3% Compound BIO	4% Compound BIO	5% Compound BIO	No BIO	5% Equal BIO	5% Compound to 65, 5% Equal	Graded	3% Compound BIO	4% Compound BIO	5% Compound BIO
25 or Under	38.03	89.09	132.28	126.47	90.24	116.25	136.59	42.27	102.08	152.69	145.98	104.13	134.13	157.64
30	40.11	92.11	137.90	130.90	93.49	119.03	142.98	44.26	104.78	160.31	152.20	108.68	138.39	166.25
35	40.63	100.13	145.58	137.29	98.30	123.49	151.75	45.87	115.33	167.69	158.13	113.22	142.25	174.79
40	42.00	104.83	154.06	143.43	102.17	133.14	160.94	47.10	120.71	176.02	163.90	116.73	152.13	183.88
45	43.12	108.04	158.50	148.01	105.64	138.58	164.91	47.65	125.03	180.80	168.84	120.53	158.10	188.14
50	53.81	121.95	174.10	164.52	117.45	158.00	185.12	59.47	141.35	200.21	189.20	135.07	181.69	212.89
55	68.70	141.46	189.92	183.83	144.24	177.20	204.29	75.50	161.18	216.84	209.96	164.72	202.35	233.30
60	95.88	197.52	228.80	183.96	184.69	222.19	252.02	108.80	231.51	270.23	217.27	218.12	262.44	297.66
65	168.56	306.76	307.35	263.79	271.70	332.30	370.79	188.53	352.83	352.83	302.79	311.89	381.43	425.61
70	276.61	431.14	432.01	376.56	392.57	467.87	513.72	309.80	470.56	470.56	410.17	427.62	509.65	559.57
75	438.82	681.35	683.95	607.78	647.05	770.35	831.61	490.45	744.99	744.99	662.78	705.60	839.14	906.86
80	782.40	1125.99	1127.32	1009.20	1074.41	1228.52	1326.26	876.61	1227.92	1227.92	1100.46	1171.58	1338.22	1446.21
85	1136.37	1635.51	1639.41	1465.52	1560.23	1763.09	1903.29	1274.11	1785.71	1785.71	1598.10	1701.39	1920.52	2075.48
90	1784.67	2523.39	2526.19	2260.14	2406.22	2762.21	2980.18	1997.42	2751.62	2751.62	2466.03	2625.40	3008.86	3251.65
94	2454.00	3579.72	3586.52	3206.62	3413.83	3836.50	4138.62	2747.92	3906.57	3906.57	3499.22	3725.35	4179.08	4516.31

Table A-6

Annual rates per \$10 Daily Benefit (or per \$300 Monthly Benefit)

Issue Age	Lifetime Ma	aximum:	730	x Daily Be	nefit			Lifetime M	aximum:	1,095	x Daily Bei	nefit		
	No BIO	5% Equal BIO	5% Compound to 65, 5% Equal	Graded	3% Compound BIO	4% Compound BIO	5% Compound BIO	No BIO	5% Equal BIO	5% Compound to 65, 5% Equal	Graded	3% Compound BIO	4% Compound BIO	5% Compound BIO
25 or Under	21.44	46.49	72.64	69.42	48.06	63.80	74.99	26.35	56.68	88.09	84.20	58.59	77.37	90.94
30	22.00	49.52	76.23	72.37	50.48	65.82	79.07	26.53	60.04	92.00	87.34	61.21	79.42	95.41
35	22.56	53.16	79.80	75.23	52.89	67.68	83.14	26.71	64.15	95.86	90.38	63.83	81.31	99.88
40	24.86	61.25	89.37	84.61	59.54	77.56	93.76	28.55	69.75	102.85	97.37	67.81	89.25	107.90
45	26.20	65.85	95.31	90.62	63.87	84.62	100.70	29.26	71.26	105.71	100.51	69.12	93.85	111.68
50	32.40	72.83	104.96	99.21	70.52	95.27	111.61	35.56	80.11	115.57	109.23	77.56	104.90	122.89
55	42.89	78.40	116.84	108.21	77.38	109.01	125.69	46.67	88.12	128.87	119.36	86.98	120.24	138.64
60	62.36	110.81	133.88	105.74	106.17	130.02	147.48	67.35	122.71	150.95	117.09	117.56	146.59	166.28
65	91.31	160.64	160.64	145.21	149.56	168.36	187.85	106.88	183.42	183.42	165.79	170.76	205.13	228.88
70	158.37	234.67	234.67	209.62	218.52	243.84	267.70	187.76	287.51	287.51	256.83	267.73	313.87	344.59
75	248.87	359.50	359.50	315.38	335.76	406.61	439.41	312.57	461.68	461.68	405.01	431.19	536.12	579.38
80	435.51	590.07	590.07	520.37	554.00	650.56	703.06	547.00	757.78	757.78	668.26	711.46	857.79	927.01
85	634.60	858.30	858.30	756.91	805.82	935.19	1010.65	797.05	1102.23	1102.23	972.03	1034.85	1233.07	1332.57
90	995.46	1323.19	1323.19	1166.89	1242.30	1463.78	1581.89	1250.28	1699.28	1699.28	1498.55	1595.40	1930.03	2085.77
94	1368.76	1877.51	1877.51	1655.73	1762.74	2033.01	2197.06	1719.13	2411.13	2411.13	2126.32	2263.74	2680.59	2896.89

Issue Age	Lifetime Ma	aximum:	1,460	x Daily Bei	nefit			Lifetime Ma	aximum:	1,825	x Daily Bei	nefit		
	No BIO	5% Equal BIO	5% Compound to 65, 5% Equal	Graded	3% Compound BIO	4% Compound BIO	5% Compound BIO	No BIO	5% Equal BIO	5% Compound to 65, 5% Equal	Graded	3% Compound BIO	4% Compound BIO	5% Compound BIO
25 or Under	27.56	62.40	98.24	93.88	64.49	86.28	101.41	30.56	68.65	108.04	103.26	70.96	94.88	111.53
30	28.38	66.52	103.10	97.86	67.82	88.99	106.92	31.13	72.47	112.28	106.58	73.87	96.93	116.44
35	29.20	71.48	107.90	101.72	71.13	91.51	112.42	31.71	77.17	116.46	109.80	76.78	98.77	121.34
40	31.64	79.13	116.46	110.27	76.92	101.08	122.19	33.42	83.11	123.62	115.86	80.80	107.27	129.68
45	32.84	82.17	120.97	114.44	79.70	106.87	127.16	34.46	85.80	127.10	119.64	83.22	111.72	132.94
50	40.42	90.57	132.19	124.94	87.69	119.99	140.57	42.92	95.86	141.57	133.81	92.82	128.51	150.55
55	52.07	99.61	147.32	138.50	98.32	137.46	158.49	55.45	106.07	157.05	149.83	104.69	146.53	168.95
60	75.42	139.09	173.69	132.74	133.27	168.68	191.34	80.85	149.19	185.95	142.38	142.94	180.60	204.84
65	116.00	206.69	206.69	186.84	192.43	228.07	254.47	131.60	239.52	239.52	216.51	223.00	266.87	297.77
70	212.52	323.75	323.75	289.18	301.47	356.19	391.06	245.03	373.53	373.53	333.65	347.83	410.98	451.21
75	349.95	522.35	522.35	458.23	487.85	597.75	645.98	393.13	590.41	590.41	517.95	551.42	675.61	730.13
80	630.79	891.67	891.67	786.34	837.15	1004.21	1085.24	687.98	969.08	969.08	854.61	909.84	1080.98	1168.20
85	919.15	1296.97	1296.97	1143.75	1217.68	1443.55	1560.03	1002.47	1409.59	1409.59	1243.07	1323.42	1553.90	1679.29
90	1441.80	1999.47	1999.47	1763.29	1877.25	2259.47	2441.79	1572.51	2173.10	2173.10	1916.41	2040.26	2432.19	2628.46
94	1982.48	2837.11	2837.11	2501.97	2663.67	3138.15	3391.38	2162.20	3083.47	3083.47	2719.23	2894.97	3378.05	3650.63

Issue Age	Lifetime M	aximum:	2,190	x Daily Be	nefit			Lifetime M	aximum:	2,920	x Daily Be	nefit		
	No BIO	5% Equal BIO	5% Compound to 65, 5% Equal	Graded	3% Compound BIO	4% Compound BIO	5% Compound BIO	No BIO	5% Equal BIO	5% Compound to 65, 5% Equal	Graded	3% Compound BIO	4% Compound BIO	5% Compound BIO
25 or Under	33.47	75.08	112.95	107.98	74.19	99.22	116.61	35.75	82.09	122.62	117.23	82.22	107.74	126.60
30	33.04	77.66	119.47	113.42	78.58	103.11	123.87	36.58	84.89	128.69	122.16	86.04	111.07	133.43
35	34.36	85.51	125.76	118.59	82.44	106.67	131.06	37.50	92.82	135.67	127.94	90.37	115.08	141.41
40	35.99	91.01	133.35	124.50	86.60	115.24	139.30	39.00	97.92	143.71	133.97	94.39	124.19	150.12
45	37.04	94.46	136.57	128.59	88.95	119.83	142.60	40.08	101.25	147.54	138.30	97.30	129.21	153.76
50	45.80	106.04	151.36	144.27	99.71	137.36	160.94	49.81	114.00	162.73	154.40	108.58	147.68	173.03
55	58.88	117.36	167.18	160.38	113.46	156.01	179.86	63.79	129.41	178.55	172.11	128.85	166.61	192.08
60	82.74	162.76	199.74	152.94	153.53	193.96	220.01	89.31	180.14	214.27	168.45	169.11	208.08	236.02
65	142.76	255.49	255.49	234.22	241.25	288.74	322.15	155.66	281.13	281.42	249.01	256.48	310.52	346.47
70	262.53	402.25	402.25	359.94	375.24	443.34	486.76	284.21	439.52	440.01	388.19	404.69	480.38	527.44
75	422.67	636.57	636.57	558.38	594.45	728.33	787.11	453.98	695.03	696.47	615.26	655.01	790.12	853.39
80	740.89	1045.65	1045.65	921.87	981.44	1166.06	1260.15	803.07	1145.43	1146.17	1018.96	1084.81	1262.33	1363.42
85	1077.65	1523.30	1523.30	1340.97	1427.63	1676.26	1811.51	1167.17	1665.99	1668.15	1480.83	1576.53	1813.02	1958.16
90	1690.98	2346.30	2346.30	2067.43	2201.05	2623.87	2835.59	1832.31	2568.44	2569.99	2283.44	2431.03	2839.28	3065.66
94	2325.21	3331.69	3331.69	2934.14	3123.76	3645.05	3939.16	2519.53	3645.22	3648.98	3240.14	3449.53	3943.89	4258.00

Issue Age	Lifetime Ma	aximum:	3,650	C Daily Bei	nefit			Lifetime M	aximum:	Unlimited				
	No BIO	5% Equal BIO	5% Compound to 65, 5% Equal	Graded	3% Compound BIO	4% Compound BIO	5% Compound BIO	No BIO	5% Equal BIO	5% Compound to 65, 5% Equal	Graded	3% Compound BIO	4% Compound BIO	5% Compound BIO
25 or Under	38.03	89.09	132.28	126.47	90.24	116.25	136.59	42.27	102.08	152.69	145.98	104.13	134.13	157.64
30	40.11	92.11	137.90	130.90	93.49	119.03	142.98	44.26	104.78	160.31	152.20	108.68	138.39	166.25
35	40.63	100.13	145.58	137.29	98.30	123.49	151.75	45.87	115.33	167.69	158.13	113.22	142.25	174.79
40	42.00	104.83	154.06	143.43	102.17	133.14	160.94	47.10	120.71	176.02	163.90	116.73	152.13	183.88
45	43.12	108.04	158.50	148.01	105.64	138.58	164.91	47.65	125.03	180.80	168.84	120.53	158.10	188.14
50	53.81	121.95	174.10	164.52	117.45	158.00	185.12	59.47	141.35	200.21	189.20	135.07	181.69	212.89
55	68.70	141.46	189.92	183.83	144.24	177.20	204.29	75.50	161.18	216.84	209.96	164.72	202.35	233.30
60	95.88	197.52	228.80	183.96	184.69	222.19	252.02	108.80	231.51	270.23	217.27	218.12	262.44	297.66
65	168.56	306.76	307.35	263.79	271.70	332.30	370.79	188.53	352.83	352.83	302.79	311.89	381.43	425.61
70	305.89	476.79	477.76	416.43	434.14	517.41	568.12	342.60	520.38	520.38	453.60	472.90	563.61	618.82
75	485.28	753.49	756.37	672.13	715.56	851.91	919.66	542.38	823.87	823.87	732.96	780.31	927.99	1002.88
80	865.24	1245.21	1246.68	1116.05	1188.17	1358.60	1466.69	969.43	1357.93	1357.93	1216.98	1295.63	1479.92	1599.33
85	1256.69	1808.68	1813.00	1620.69	1725.43	1949.77	2104.81	1409.01	1974.78	1974.78	1767.31	1881.54	2123.87	2295.24
90	1973.63	2790.57	2793.67	2499.45	2661.00	3054.68	3295.72	2208.92	3042.97	3042.97	2727.14	2903.39	3327.45	3595.94
94	2713.84	3958.75	3966.26	3546.14	3775.29	4242.72	4576.83	3038.88	4320.21	4320.21	3869.73	4119.79	4621.57	4994.50

Table A-7

Annual rates per \$10 Daily Benefit (or per \$300 Monthly Benefit)

Issue Age	Lifetime M	aximum:	730	x Daily Bei	nefit			Lifetime Ma	aximum:	1,095	x Daily Bei	nefit		
	No BIO	5% Equal BIO	5% Compound to 65, 5% Equal	Graded	3% Compound BIO	4% Compound BIO	5% Compound BIO	No BIO	5% Equal BIO	5% Compound to 65, 5% Equal	Graded	3% Compound BIO	4% Compound BIO	5% Compound BIO
25 or Under	20.51	44.48	69.49	66.41	45.98	61.03	71.74	25.21	54.23	84.27	80.55	56.05	74.02	87.00
30	21.00	47.27	72.77	69.09	48.19	62.83	75.48	25.32	57.32	87.82	83.37	58.43	75.81	91.08
35	21.41	50.44	75.73	71.40	50.19	64.23	78.90	25.34	60.88	90.97	85.76	60.57	77.16	94.79
40	23.43	57.72	84.21	79.73	56.11	73.09	88.35	26.90	65.73	96.92	91.76	63.90	84.10	101.68
45	24.66	61.98	89.72	85.30	60.12	79.66	94.79	27.55	67.07	99.51	94.61	65.06	88.35	105.13
50	30.42	68.37	98.53	93.13	66.20	89.43	104.78	33.39	75.20	108.50	102.54	72.81	98.48	115.37
55	40.46	73.95	110.21	102.08	72.99	102.83	118.57	44.02	83.13	121.57	112.59	82.05	113.42	130.78
60	59.11	105.04	126.91	100.24	100.64	123.25	139.80	63.85	116.32	143.09	110.99	111.44	138.96	157.62
65	86.51	152.18	152.18	137.57	141.69	159.50	177.97	101.25	173.76	173.76	157.07	161.78	194.34	216.84
70	143.21	212.20	212.20	189.55	197.60	220.49	242.07	169.78	259.98	259.98	232.24	242.10	283.82	311.60
75	225.04	325.08	325.08	285.18	303.61	367.68	397.34	282.64	417.48	417.48	366.23	389.90	484.79	523.91
80	393.81	533.57	533.57	470.54	500.96	588.28	635.75	494.62	685.23	685.23	604.28	643.34	775.66	838.25
85	573.84	776.12	776.12	684.44	728.67	845.65	913.89	720.74	996.69	996.69	878.96	935.77	1115.01	1204.99
90	900.15	1196.50	1196.50	1055.16	1123.36	1323.63	1430.43	1130.57	1536.58	1536.58	1355.07	1442.65	1745.24	1886.07
94	1237.71	1697.75	1697.75	1497.20	1593.96	1838.36	1986.71	1554.53	2180.28	2180.28	1922.73	2047.00	2423.94	2619.53

Issue Age	Lifetime Ma	aximum:	1,460	x Daily Bei	nefit			Lifetime Ma	aximum:	1,825	x Daily Bei	nefit		
	No BIO	5% Equal BIO	5% Compound to 65, 5% Equal	Graded	3% Compound BIO	4% Compound BIO	5% Compound BIO	No BIO	5% Equal BIO	5% Compound to 65, 5% Equal	Graded	3% Compound BIO	4% Compound BIO	5% Compound BIO
25 or Under	26.36	59.69	93.98	89.81	61.70	82.54	97.01	29.23	65.67	103.35	98.78	67.88	90.77	106.70
30	27.09	63.50	98.41	93.42	64.74	84.95	102.06	29.72	69.18	107.18	101.74	70.52	92.53	111.16
35	27.71	67.83	102.39	96.53	67.50	86.84	106.68	30.09	73.23	110.52	104.20	72.87	93.73	115.15
40	29.82	74.56	109.75	103.91	72.49	95.25	115.14	31.49	78.32	116.49	109.18	76.14	101.09	122.21
45	30.91	77.35	113.87	107.73	75.03	100.60	119.70	32.44	80.76	119.64	112.62	78.34	105.17	125.14
50	37.94	85.03	124.10	117.29	82.32	112.64	131.96	40.30	89.99	132.90	125.62	87.13	120.64	141.33
55	49.12	93.96	138.97	130.64	92.74	129.66	149.50	52.30	100.06	148.15	141.33	98.76	138.22	159.37
60	71.49	131.85	164.65	125.83	126.33	159.90	181.37	76.64	141.42	176.27	134.96	135.50	171.19	194.18
65	109.89	195.81	195.81	177.00	182.30	216.06	241.07	124.68	226.92	226.92	205.12	211.27	252.83	282.10
70	192.18	292.75	292.75	261.49	272.60	322.09	353.62	221.57	337.76	337.76	301.71	314.53	371.63	408.01
75	316.45	472.34	472.34	414.36	441.14	540.52	584.13	355.49	533.89	533.89	468.36	498.63	610.92	660.22
80	570.39	806.29	806.29	711.05	757.00	908.06	981.33	622.11	876.30	876.30	772.79	822.73	977.48	1056.35
85	831.15	1172.79	1172.79	1034.25	1101.09	1305.34	1410.67	906.49	1274.63	1274.63	1124.06	1196.71	1405.13	1518.51
90	1303.76	1808.04	1808.04	1594.46	1697.51	2043.14	2208.00	1421.95	1965.04	1965.04	1732.92	1844.92	2199.32	2376.80
94	1792.67	2565.47	2565.47	2262.42	2408.64	2837.69	3066.67	1955.18	2788.25	2788.25	2458.88	2617.80	3054.62	3301.10

Issue Age	Lifetime M	aximum:	2,190 x Daily Benefit					Lifetime Maximum:		2,920 x Daily Benefit				
	No BIO	5% Equal BIO	5% Compound to 65, 5% Equal	Graded	3% Compound BIO	4% Compound BIO	5% Compound BIO	No BIO	5% Equal BIO	5% Compound to 65, 5% Equal	Graded	3% Compound BIO	4% Compound BIO	5% Compound BIO
25 or Under	32.02	71.82	108.06	103.29	70.97	94.91	111.55	34.20	78.53	117.30	112.14	78.65	103.06	121.11
30	31.54	74.13	114.05	108.27	75.01	98.42	118.25	34.92	81.03	122.84	116.61	82.13	106.03	127.37
35	32.61	81.15	119.35	112.54	78.23	101.23	124.37	35.59	88.09	128.75	121.41	85.76	109.21	134.19
40	33.91	85.77	125.66	117.32	81.61	108.59	131.27	36.75	92.28	135.42	126.24	88.94	117.03	141.47
45	34.87	88.92	128.56	121.04	83.74	112.80	134.23	37.73	95.31	138.88	130.19	91.60	121.63	144.74
50	42.99	99.54	142.09	135.43	93.60	128.95	151.08	46.76	107.01	152.77	144.94	101.93	138.64	162.44
55	55.54	110.71	157.70	151.29	107.03	147.16	169.66	60.17	122.07	168.43	162.35	121.55	157.16	181.19
60	78.43	154.28	189.33	144.97	145.54	183.86	208.55	84.66	170.76	203.11	159.68	160.31	197.24	223.72
65	135.24	242.05	242.05	221.90	228.56	273.55	305.19	147.47	266.33	266.62	235.90	242.98	294.18	328.23
70	237.40	363.74	363.74	325.47	339.31	400.89	440.16	257.01	397.44	397.88	351.02	365.94	434.38	476.94
75	382.20	575.62	575.62	504.92	537.53	658.60	711.75	410.51	628.49	629.79	556.35	592.29	714.48	771.68
80	669.95	945.53	945.53	833.60	887.48	1054.42	1139.50	726.18	1035.76	1036.43	921.40	980.95	1141.47	1232.88
85	974.47	1377.45	1377.45	1212.58	1290.94	1515.77	1638.07	1055.42	1506.48	1508.43	1339.05	1425.59	1639.43	1770.68
90	1529.07	2121.65	2121.65	1869.48	1990.31	2372.65	2564.10	1656.87	2322.52	2323.92	2064.81	2198.27	2567.43	2772.14
94	2102.59	3012.70	3012.70	2653.22	2824.68	3296.05	3562.01	2278.30	3296.21	3299.61	2929.92	3119.26	3566.28	3850.32

Issue Age	Lifetime Ma	aximum:	3,650 x Daily Benefit					Lifetime M	aximum: Unlimited					
	No BIO	5% Equal BIO	5% Compound to 65, 5% Equal	Graded	3% Compound BIO	4% Compound BIO	5% Compound BIO	No BIO	5% Equal BIO	5% Compound to 65, 5% Equal	Graded	3% Compound BIO	4% Compound BIO	5% Compound BIO
25 or Under	36.38	85.23	126.54	120.98	86.33	111.21	130.67	40.43	97.65	146.07	139.65	99.62	128.32	150.81
30	38.29	87.93	131.63	124.95	89.25	113.63	136.49	42.25	100.02	153.03	145.29	103.75	132.10	158.70
35	38.56	95.02	138.15	130.28	93.29	117.19	144.01	43.53	109.44	159.13	150.06	107.44	134.99	165.87
40	39.58	98.79	145.17	135.16	96.27	125.47	151.66	44.38	113.75	165.87	154.45	110.00	143.35	173.28
45	40.59	101.70	149.20	139.33	99.45	130.45	155.24	44.85	117.69	170.19	158.94	113.46	148.83	177.10
50	50.52	114.48	163.44	154.45	110.26	148.32	173.79	55.83	132.69	187.96	177.62	126.80	170.57	199.85
55	64.80	133.43	179.15	173.41	136.06	167.15	192.71	71.21	152.05	204.55	198.05	155.38	190.88	220.08
60	90.89	187.23	216.88	174.38	175.07	210.62	238.89	103.13	219.46	256.16	205.95	206.76	248.77	282.15
65	159.69	290.61	291.18	249.90	257.40	314.81	351.27	178.61	334.26	334.26	286.86	295.47	361.36	403.21
70	276.61	431.14	432.01	376.56	392.57	467.87	513.72	309.80	470.56	470.56	410.17	427.62	509.65	559.57
75	438.82	681.35	683.95	607.78	647.05	770.35	831.61	490.45	744.99	744.99	662.78	705.60	839.14	906.86
80	782.40	1125.99	1127.32	1009.20	1074.41	1228.52	1326.26	876.61	1227.92	1227.92	1100.46	1171.58	1338.22	1446.21
85	1136.37	1635.51	1639.41	1465.52	1560.23	1763.09	1903.29	1274.11	1785.71	1785.71	1598.10	1701.39	1920.52	2075.48
90	1784.67	2523.39	2526.19	2260.14	2406.22	2762.21	2980.18	1997.42	2751.62	2751.62	2466.03	2625.40	3008.86	3251.65
94	2454.00	3579.72	3586.52	3206.62	3413.83	3836.50	4138.62	2747.92	3906.57	3906.57	3499.22	3725.35	4179.08	4516.31

Table A-8

Annual rates per \$10 Daily Benefit (or per \$300 Monthly Benefit)

Issue Age	Lifetime Ma	aximum:	730	x Daily Bei	nefit			Lifetime M	aximum:	1,095	x Daily Bei	nefit		
	No BIO	5% Equal BIO	5% Compound to 65, 5% Equal	Graded	3% Compound BIO	4% Compound BIO	5% Compound BIO	No BIO	5% Equal BIO	5% Compound to 65, 5% Equal	Graded	3% Compound BIO	4% Compound BIO	5% Compound BIO
25 or Under	18.60	40.32	63.00	60.21	41.68	55.34	65.04	22.86	49.16	76.41	73.03	50.82	67.11	78.88
30	19.08	42.95	66.12	62.77	43.78	57.09	68.58	23.01	52.08	79.80	75.75	53.09	68.88	82.76
35	19.57	46.10	69.22	65.25	45.87	58.70	72.11	23.16	55.64	83.15	78.39	55.36	70.52	86.63
40	21.56	53.13	77.51	73.39	51.65	67.27	81.32	24.76	60.49	89.21	84.46	58.81	77.41	93.59
45	22.72	57.11	82.67	78.60	55.39	73.40	87.34	25.38	61.80	91.69	87.18	59.95	81.40	96.87
50	28.10	63.17	91.04	86.05	61.17	82.63	96.81	30.85	69.48	100.24	94.74	67.27	90.98	106.59
55	37.59	68.70	102.38	94.83	67.80	95.52	110.14	40.89	77.22	112.93	104.59	76.22	105.37	121.49
60	55.22	98.12	118.54	93.63	94.00	115.12	130.59	59.64	108.65	133.65	103.67	104.09	129.80	147.23
65	81.70	143.73	143.73	129.92	133.82	150.64	168.08	95.63	164.11	164.11	148.34	152.79	183.54	204.79
70	143.21	212.20	212.20	189.55	197.60	220.49	242.07	169.78	259.98	259.98	232.24	242.10	283.82	311.60
75	225.04	325.08	325.08	285.18	303.61	367.68	397.34	282.64	417.48	417.48	366.23	389.90	484.79	523.91
80	393.81	533.57	533.57	470.54	500.96	588.28	635.75	494.62	685.23	685.23	604.28	643.34	775.66	838.25
85	573.84	776.12	776.12	684.44	728.67	845.65	913.89	720.74	996.69	996.69	878.96	935.77	1115.01	1204.99
90	900.15	1196.50	1196.50	1055.16	1123.36	1323.63	1430.43	1130.57	1536.58	1536.58	1355.07	1442.65	1745.24	1886.07
94	1237.71	1697.75	1697.75	1497.20	1593.96	1838.36	1986.71	1554.53	2180.28	2180.28	1922.73	2047.00	2423.94	2619.53

Issue Age	Lifetime Ma	aximum:	1,460	x Daily Bei	nefit			Lifetime M	aximum:	1,825	x Daily Bei	nefit		
	No BIO	5% Equal BIO	5% Compound to 65, 5% Equal	Graded	3% Compound BIO	4% Compound BIO	5% Compound BIO	No BIO	5% Equal BIO	5% Compound to 65, 5% Equal	Graded	3% Compound BIO	4% Compound BIO	5% Compound BIO
25 or Under	23.90	54.12	85.20	81.43	55.94	74.83	87.96	26.50	59.54	93.70	89.56	61.55	82.30	96.74
30	24.62	57.70	89.42	84.88	58.82	77.19	92.74	27.00	62.86	97.38	92.45	64.07	84.07	101.00
35	25.33	62.00	93.59	88.23	61.69	79.37	97.50	27.51	66.93	101.01	95.23	66.60	85.67	105.25
40	27.45	68.63	101.01	95.64	66.72	87.67	105.98	28.99	72.09	107.22	100.49	70.08	93.04	112.48
45	28.48	71.27	104.92	99.26	69.13	92.69	110.30	29.89	74.42	110.24	103.77	72.18	96.90	115.30
50	35.05	78.56	114.66	108.37	76.06	104.07	121.92	37.23	83.15	122.79	116.06	80.50	111.46	130.58
55	45.63	87.29	129.10	121.36	86.16	120.45	138.88	48.59	92.95	137.62	131.29	91.74	128.40	148.05
60	66.78	123.16	153.79	117.53	118.00	149.35	169.41	71.59	132.10	164.65	126.06	126.57	159.90	181.37
65	103.79	184.93	184.93	167.17	172.18	204.06	227.68	117.75	214.31	214.31	193.72	199.53	238.78	266.42
70	192.18	292.75	292.75	261.49	272.60	322.09	353.62	221.57	337.76	337.76	301.71	314.53	371.63	408.01
75	316.45	472.34	472.34	414.36	441.14	540.52	584.13	355.49	533.89	533.89	468.36	498.63	610.92	660.22
80	570.39	806.29	806.29	711.05	757.00	908.06	981.33	622.11	876.30	876.30	772.79	822.73	977.48	1056.35
85	831.15	1172.79	1172.79	1034.25	1101.09	1305.34	1410.67	906.49	1274.63	1274.63	1124.06	1196.71	1405.13	1518.51
90	1303.76	1808.04	1808.04	1594.46	1697.51	2043.14	2208.00	1421.95	1965.04	1965.04	1732.92	1844.92	2199.32	2376.80
94	1792.67	2565.47	2565.47	2262.42	2408.64	2837.69	3066.67	1955.18	2788.25	2788.25	2458.88	2617.80	3054.62	3301.10

Issue Age	Lifetime M	aximum:	2,190	x Daily Be	nefit			Lifetime M	aximum:	2,920	x Daily Be	nefit		
	No BIO	5% Equal BIO	5% Compound to 65, 5% Equal	Graded	3% Compound BIO	4% Compound BIO	5% Compound BIO	No BIO	5% Equal BIO	5% Compound to 65, 5% Equal	Graded	3% Compound BIO	4% Compound BIO	5% Compound BIO
25 or Under	29.03	65.12	97.97	93.65	64.35	86.05	101.14	31.01	71.20	106.35	101.67	71.31	93.44	109.81
30	28.65	67.35	103.62	98.37	68.15	89.43	107.44	31.72	73.62	111.61	105.95	74.62	96.34	115.73
35	29.80	74.17	109.08	102.86	71.50	92.52	113.67	32.52	80.51	117.68	110.97	78.38	99.82	122.65
40	31.21	78.94	115.66	107.98	75.11	99.95	120.82	33.82	84.93	124.64	116.20	81.86	107.72	130.21
45	32.13	81.93	118.46	111.53	77.15	103.94	123.68	34.77	87.82	127.97	119.96	84.39	112.07	133.36
50	39.72	91.97	131.28	125.13	86.48	119.14	139.59	43.20	98.87	141.14	133.92	94.18	128.09	150.08
55	51.60	102.84	146.50	140.54	99.42	136.71	157.61	55.90	113.40	156.46	150.82	112.91	146.00	168.32
60	73.26	144.11	176.85	135.41	135.94	171.73	194.80	79.08	159.50	189.72	149.15	149.74	184.23	208.97
65	127.73	228.60	228.60	209.57	215.86	258.35	288.24	139.28	251.54	251.80	222.80	229.48	277.84	310.00
70	237.40	363.74	363.74	325.47	339.31	400.89	440.16	257.01	397.44	397.88	351.02	365.94	434.38	476.94
75	382.20	575.62	575.62	504.92	537.53	658.60	711.75	410.51	628.49	629.79	556.35	592.29	714.48	771.68
80	669.95	945.53	945.53	833.60	887.48	1054.42	1139.50	726.18	1035.76	1036.43	921.40	980.95	1141.47	1232.88
85	974.47	1377.45	1377.45	1212.58	1290.94	1515.77	1638.07	1055.42	1506.48	1508.43	1339.05	1425.59	1639.43	1770.68
90	1529.07	2121.65	2121.65	1869.48	1990.31	2372.65	2564.10	1656.87	2322.52	2323.92	2064.81	2198.27	2567.43	2772.14
94	2102.59	3012.70	3012.70	2653.22	2824.68	3296.05	3562.01	2278.30	3296.21	3299.61	2929.92	3119.26	3566.28	3850.32

Issue Age	Lifetime Ma	aximum:	3,650	x Daily Bei	nefit			Lifetime M	aximum:	Unlimited				
	No BIO	5% Equal BIO	5% Compound to 65, 5% Equal	Graded	3% Compound BIO	4% Compound BIO	5% Compound BIO	No BIO	5% Equal BIO	5% Compound to 65, 5% Equal	Graded	3% Compound BIO	4% Compound BIO	5% Compound BIO
25 or Under	32.99	77.27	114.73	109.69	78.27	100.83	118.47	36.66	88.54	132.44	126.62	90.32	116.34	136.73
30	34.79	79.89	119.60	113.53	81.09	103.24	124.02	38.39	90.88	139.04	132.01	94.27	120.03	144.19
35	35.24	86.84	126.27	119.08	85.26	107.11	131.62	39.79	100.03	145.44	137.16	98.20	123.38	151.61
40	36.43	90.92	133.62	124.41	88.61	115.48	139.59	40.85	104.69	152.67	142.15	101.24	131.95	159.49
45	37.40	93.70	137.47	128.38	91.63	120.20	143.04	41.33	108.44	156.82	146.45	104.54	137.13	163.18
50	46.67	105.77	151.00	142.70	101.87	137.04	160.57	51.58	122.60	173.66	164.10	117.16	157.59	184.65
55	60.20	123.96	166.42	161.09	126.40	155.28	179.02	66.16	141.24	190.02	183.98	144.34	177.32	204.44
60	84.90	174.89	202.58	162.89	163.53	196.73	223.14	96.33	204.99	239.27	192.37	193.13	232.36	263.55
65	150.82	274.47	275.00	236.02	243.10	297.32	331.76	168.68	315.69	315.69	270.92	279.06	341.28	380.81
70	276.61	431.14	432.01	376.56	392.57	467.87	513.72	309.80	470.56	470.56	410.17	427.62	509.65	559.57
75	438.82	681.35	683.95	607.78	647.05	770.35	831.61	490.45	744.99	744.99	662.78	705.60	839.14	906.86
80	782.40	1125.99	1127.32	1009.20	1074.41	1228.52	1326.26	876.61	1227.92	1227.92	1100.46	1171.58	1338.22	1446.21
85	1136.37	1635.51	1639.41	1465.52	1560.23	1763.09	1903.29	1274.11	1785.71	1785.71	1598.10	1701.39	1920.52	2075.48
90	1784.67	2523.39	2526.19	2260.14	2406.22	2762.21	2980.18	1997.42	2751.62	2751.62	2466.03	2625.40	3008.86	3251.65
94	2454.00	3579.72	3586.52	3206.62	3413.83	3836.50	4138.62	2747.92	3906.57	3906.57	3499.22	3725.35	4179.08	4516.31

Table AA-1 Future Purchase Options (% Change to No Benefit Increases)

FPO Offer	Factor
3% Compounded Annually every 2 years (Reduced by claims)	1.025
3% Compounded Annually every 3 years (Reduced by claims)	1.030
3% Compounded Annually every 2 years (Not reduced by claims)	1.035
3% Compounded Annually every 3 years (Not reduced by claims)	1.040
5% Compounded Annually every 2 years (Reduced by claims)	1.030
5% Compounded Annually every 3 years (Reduced by claims)	1.035
5% Compounded Annually every 2 years (Not reduced by claims)	1.040
5% Compounded Annually every 3 years (Not reduced by claims)	1.045

Table AA-2 Guaranteed Purchase Options (% Change to No Benefit Increases)

GPO Offer	Factor
3% Compounded Annually every 2 years (Reduced by claims)	1.045
3% Compounded Annually every 3 years (Reduced by claims)	1.050
3% Compounded Annually every 2 years (Not reduced by claims)	1.055
3% Compounded Annually every 3 years (Not reduced by claims)	1.060
5% Compounded Annually every 2 years (Reduced by claims)	1.050
5% Compounded Annually every 3 years (Reduced by claims)	1.055
5% Compounded Annually every 2 years (Not reduced by claims)	1.060
5% Compounded Annually every 3 years (Not reduced by claims)	1.065

Table B
Premium Payment Period Factors

Issue Age	Lifetime Premium Payment	10-Year Premium Payment	To Age 65 Premium Payment
< 25	1.00	4.56	1.25
25-29	1.00	4.21	1.38
30-34	1.00	3.92	1.75
35-39	1.00	3.63	2.07
40-44	1.00	3.34	2.30
45	1.00	3.16	2.40
46	1.00	3.10	2.42
47	1.00	3.05	2.43
48	1.00	3.00	2.45
49	1.00	2.93	2.48
50	1.00	2.87	2.50
51	1.00	2.82	2.51
52	1.00	2.76	2.53
53	1.00	2.69	2.55
54	1.00	2.64	2.56
55	1.00	2.58	2.58
56	1.00	2.53	
57	1.00	2.45	
58	1.00	2.37	
59	1.00	2.28	
60	1.00	2.20	
61	1.00	2.15	
62	1.00	2.09	
63	1.00	2.03	
64	1.00	1.99	
65	1.00	1.93	
66	1.00	1.87	
67	1.00	1.81	
68	1.00	1.76	
69	1.00	1.70	
70	1.00	1.64	
71	1.00	1.59	
72	1.00	1.54	
73	1.00	1.48	
74	1.00	1.43	
75	1.00	1.37	
76	1.00	1.31	
77	1.00	1.25	
78	1.00	1.20	
79	1.00	1.14	
80	1.00	1.08	
81 and over	1.00	1.04	

Table C-1 Service Day Elimination Period

(% Change to 90 Day Service Day EP)

EP	%
0	30%
30	18%
60	10%
90	0%
180	-10%
365	-30%

Rate factors for other elimination periods will be determined by linear interpolation.

Table D-1
Rate Adjustment to change from Home and Community Care (Covers Formal Care Providers only) to Home and Community Care (Covers Formal and Informal Care Providers)

Issue Age	Lifetime Ma	aximum:		x Daily Bei	nefit			Lifetime M	laximum:	1,095 x	Daily Benefit			
	No BIO	5% Equal BIO	5% Compound to 65, 5% Egual	Graded	3% Compound BIO	4% Compound BIO	5% Compound BIO	No BIO	5% Equal BIO	5% Compound to 65, 5% Equal	Graded	3% Compound BIO	4% Compound BIO	5% Compound BIO
< 25	2.0%	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%	2.0%	3.0%	3.5%	3.5%	3.0%	3.5%	3.5%
25-29	2.0%	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%	2.0%	3.0%	3.5%	3.5%	3.0%	3.5%	3.5%
30-34	2.0%	3.5%	4.5%	4.5%	3.5%	4.5%	4.5%	2.0%	4.0%	4.5%	4.5%	4.0%	4.5%	4.5%
35-39	2.0%	4.0%	6.0%	6.0%	4.0%	6.0%	6.0%	2.0%	5.0%	5.5%	5.5%	5.0%	5.5%	5.5%
40-44	2.5%	5.0%	6.5%	6.5%	5.0%	6.5%	6.5%	3.0%	6.5%	7.0%	7.0%	6.5%	7.0%	7.0%
45-49	3.0%	6.0%	8.0%	8.0%	6.0%	8.0%	8.0%	4.0%	8.0%	8.0%	8.0%	8.0%	8.0%	8.0%
50-54	4.5%	8.0%	10.5%	10.5%	8.0%	10.5%	10.5%	6.5%	9.0%	10.5%	10.5%	9.0%	10.5%	10.5%
55-59	7.7%	12.0%	12.5%	12.5%	12.0%	12.5%	12.5%	10.0%	12.0%	12.5%	12.5%	12.0%	12.5%	12.5%
60-64	9.0%	10.7%	14.0%	10.7%	10.7%	14.0%	14.0%	12.0%	12.0%	13.0%	12.0%	12.0%	13.0%	13.0%
65-69	9.5%	10.5%	10.5%	10.5%	10.5%	11.0%	11.0%	12.0%	11.0%	11.0%	11.0%	11.0%	11.0%	11.0%
70-74	8.0%	9.2%	9.2%	9.2%	9.2%	9.0%	9.0%	10.0%	9.0%	9.0%	9.0%	9.0%	9.0%	9.0%
75-79	8.0%	8.0%	8.0%	8.0%	8.0%	9.0%	9.0%	9.0%	8.0%	8.0%	8.0%	8.0%	9.0%	9.0%
80-84	8.0%	8.0%	8.0%	8.0%	8.0%	9.0%	9.0%	9.0%	8.0%	8.0%	8.0%	8.0%	9.0%	9.0%
85-89	8.0%	8.0%	8.0%	8.0%	8.0%	9.0%	9.0%	9.0%	8.0%	8.0%	8.0%	8.0%	9.0%	9.0%
90-94	8.0%	8.0%	8.0%	8.0%	8.0%	9.0%	9.0%	9.0%	8.0%	8.0%	8.0%	8.0%	9.0%	9.0%

Issue Age	Lifetime Ma	aximum:	1,460	x Daily Bei	nefit			Lifetime M	laximum:	1,825 x	Daily Benefit			
	No BIO	5% Equal BIO	5% Compound to 65, 5% Equal	Graded	3% Compound BIO	4% Compound BIO	5% Compound BIO	No BIO	5% Equal BIO	5% Compound to 65, 5% Equal	Graded	3% Compound BIO	4% Compound BIO	5% Compound BIO
< 25	2.5%	3.5%	3.5%	3.5%	3.5%	3.5%	3.5%	2.5%	3.5%	3.5%	3.5%	3.5%	3.5%	3.5%
25-29	2.5%	3.5%	3.5%	3.5%	3.5%	3.5%	3.5%	2.5%	3.5%	3.5%	3.5%	3.5%	3.5%	3.5%
30-34	3.0%	4.5%	5.0%	5.0%	4.5%	5.0%	5.0%	3.0%	4.5%	4.5%	4.5%	4.5%	4.5%	4.5%
35-39	3.5%	5.0%	6.0%	6.0%	5.0%	6.0%	6.0%	3.5%	5.0%	6.0%	6.0%	5.0%	6.0%	6.0%
40-44	4.5%	6.5%	7.0%	7.0%	6.5%	7.0%	7.0%	4.5%	6.5%	7.0%	7.0%	6.5%	7.0%	7.0%
45-49	5.5%	8.0%	8.0%	8.0%	8.0%	8.0%	8.0%	5.5%	8.0%	8.0%	8.0%	8.0%	8.0%	8.0%
50-54	7.5%	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%	7.5%	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%
55-59	12.0%	12.5%	12.5%	12.5%	12.5%	12.5%	12.5%	12.0%	12.5%	12.5%	12.5%	12.5%	12.5%	12.5%
60-64	13.5%	12.0%	12.0%	12.0%	12.0%	12.0%	12.0%	13.5%	12.0%	12.0%	12.0%	12.0%	12.0%	12.0%
65-69	13.5%	11.0%	11.0%	11.0%	11.0%	11.0%	11.0%	13.5%	11.0%	11.0%	11.0%	11.0%	11.0%	11.0%
70-74	10.0%	9.0%	9.0%	9.0%	9.0%	8.5%	8.5%	10.0%	9.0%	9.0%	9.0%	9.0%	8.5%	8.5%
75-79	8.5%	7.5%	7.5%	7.5%	7.5%	6.5%	6.5%	8.5%	7.5%	7.5%	7.5%	7.5%	6.5%	6.5%
80-84	8.5%	7.5%	7.5%	7.5%	7.5%	6.5%	6.5%	8.5%	7.5%	7.5%	7.5%	7.5%	6.5%	6.5%
85-89	8.5%	7.5%	7.5%	7.5%	7.5%	6.5%	6.5%	8.5%	7.5%	7.5%	7.5%	7.5%	6.5%	6.5%
90-94	8.5%	7.5%	7.5%	7.5%	7.5%	6.5%	6.5%	8.5%	7.5%	7.5%	7.5%	7.5%	6.5%	6.5%

Issue Age	Lifetime Ma	ximum:		x Daily Ber	nefit			Lifetime M	laximum:		Daily Benefit			
	No BIO	5% Equal BIO	5% Compound to 65, 5% Equal	Graded	3% Compound BIO	4% Compound BIO	5% Compound BIO	No BIO	5% Equal BIO	5% Compound to 65, 5% Equal	Graded	3% Compound BIO	4% Compound BIO	5% Compound BIO
< 25	2.5%	3.5%	3.5%	3.5%	3.5%	3.5%	3.5%	4.0%	4.0%	5.0%	5.0%	4.0%	5.0%	5.0%
25-29	2.5%	3.5%	3.5%	3.5%	3.5%	3.5%	3.5%	4.0%	4.0%	5.0%	5.0%	4.0%	5.0%	5.0%
30-34	3.0%	4.5%	4.5%	4.5%	4.5%	4.5%	4.5%	4.0%	5.0%	5.5%	5.5%	5.0%	6.0%	6.0%
35-39	3.5%	5.0%	6.0%	6.0%	5.0%	6.0%	6.0%	4.0%	6.0%	6.5%	6.5%	6.0%	6.5%	6.5%
40-44	4.5%	6.5%	7.0%	7.0%	6.5%	7.0%	7.0%	5.5%	7.5%	8.0%	8.0%	7.5%	8.0%	8.0%
45-49	5.5%	8.0%	8.0%	8.0%	8.0%	8.0%	8.0%	7.0%	8.5%	9.0%	9.0%	8.5%	9.0%	9.0%
50-54	7.5%	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%
55-59	12.0%	12.5%	12.5%	12.5%	12.5%	12.5%	12.5%	16.0%	11.0%	12.5%	12.5%	11.0%	12.5%	12.5%
60-64	13.5%	12.0%	12.5%	12.0%	12.0%	12.5%	12.5%	16.0%	10.0%	12.5%	10.0%	10.0%	12.5%	12.5%
65-69	13.5%	11.0%	11.0%	11.0%	11.0%	11.0%	11.0%	14.0%	10.0%	10.0%	10.0%	10.0%	11.0%	11.0%
70-74	10.0%	9.0%	9.0%	9.0%	9.0%	8.5%	8.5%	11.0%	8.5%	8.5%	8.5%	8.5%	9.0%	9.0%
75-79	8.5%	7.5%	7.5%	7.5%	7.5%	6.5%	6.5%	9.0%	6.5%	6.5%	6.5%	6.5%	7.0%	7.0%
80-84	8.5%	7.5%	7.5%	7.5%	7.5%	6.5%	6.5%	9.0%	6.5%	6.5%	6.5%	6.5%	7.0%	7.0%
85-89	8.5%	7.5%	7.5%	7.5%	7.5%	6.5%	6.5%	9.0%	6.5%	6.5%	6.5%	6.5%	7.0%	7.0%
90-94	8.5%	7.5%	7.5%	7.5%	7.5%	6.5%	6.5%	9.0%	6.5%	6.5%	6.5%	6.5%	7.0%	7.0%

Issue Age	Lifetime Ma	ximum:	3,650	x Daily Ber	nefit			Lifetime M	laximum:	Unlimited				
	No BIO	5% Equal BIO	5% Compound to 65, 5% Equal	Graded	3% Compound BIO	4% Compound BIO	5% Compound BIO	No BIO	5% Equal BIO	5% Compound to 65, 5% Equal	Graded	3% Compound BIO	4% Compound BIO	BIO
< 25	4.0%	4.0%	5.0%	5.0%	4.0%	5.0%	5.0%	4.0%	4.0%	5.0%	5.0%	4.0%	5.0%	5.0%
25-29	4.0%	4.0%	5.0%	5.0%	4.0%	5.0%	5.0%	4.0%	4.0%	5.0%	5.0%	4.0%	5.0%	5.0%
30-34	4.0%	5.0%	6.0%	6.0%	5.0%	6.0%	6.0%	4.0%	5.0%	6.0%	6.0%	5.0%	6.0%	6.0%
35-39	4.0%	6.0%	6.5%	6.5%	6.0%	6.5%	6.5%	4.0%	6.0%	6.5%	6.5%	6.0%	6.5%	6.5%
40-44	5.5%	7.0%	8.0%	8.0%	7.5%	8.0%	8.0%	5.5%	7.0%	8.0%	8.0%	7.5%	7.5%	7.5%
45-49	7.0%	8.5%	9.0%	9.0%	8.5%	9.0%	9.0%	7.0%	8.5%	9.0%	9.0%	8.5%	9.0%	9.0%
50-54	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%
55-59	16.0%	11.0%	12.5%	12.5%	11.0%	12.5%	12.5%	16.0%	11.0%	12.5%	12.5%	11.0%	12.5%	12.5%
60-64	16.0%	10.0%	12.5%	10.0%	10.0%	12.5%	12.5%	16.0%	10.0%	12.5%	10.0%	10.0%	12.5%	12.5%
65-69	14.0%	10.0%	10.0%	10.0%	10.0%	11.0%	11.0%	14.0%	10.0%	10.0%	10.0%	10.0%	11.0%	11.0%
70-74	11.0%	8.0%	8.5%	8.5%	8.5%	9.0%	9.0%	11.0%	8.5%	8.0%	8.0%	8.0%	9.0%	9.0%
75-79	9.0%	6.5%	6.5%	6.5%	6.5%	7.0%	7.0%	9.0%	6.5%	6.5%	6.5%	6.5%	7.0%	7.0%
80-84	9.0%	6.5%	6.5%	6.5%	6.5%	7.0%	7.0%	9.0%	6.5%	6.5%	6.5%	6.5%	7.0%	7.0%
85-89	9.0%	6.5%	6.5%	6.5%	6.5%	7.0%	7.0%	9.0%	6.5%	6.5%	6.5%	6.5%	7.0%	7.0%
90-94	9.0%	6.5%	6.5%	6.5%	6.5%	7.0%	7.0%	9.0%	6.5%	6.5%	6.5%	6.5%	7.0%	7.0%

Table D-2
Rate Adjustment to add Room & Board Coverage in an ALF

Issue Age	Lifetime M	aximum:	730	x Daily Be	nefit			Lifetime N	/laximum:	1,095 x	Daily Benefit			
	No BIO	5% Equal BIO	5% Compound to 65, 5% Equal	Graded	3% Compound BIO	4% Compound BIO	5% Compound BIO	No BIO	5% Equal BIO	5% Compound to 65, 5% Equal	Graded	3% Compound BIO	4% Compound BIO	5% Compound BIO
< 25	3.5%	4.0%	5.5%	5.5%	4.0%	5.5%	5.5%	4.0%	4.5%	6.0%	6.0%	4.5%	6.0%	6.0%
25-29	3.5%	4.0%	5.5%	5.5%	4.0%	5.5%	5.5%	4.0%	4.5%	6.0%	6.0%	4.5%	6.0%	6.0%
30-34	3.5%	4.5%	6.5%	6.5%	4.5%	6.5%	6.5%	4.0%	5.0%	7.5%	7.5%	5.0%	7.5%	7.5%
35-39	3.5%	4.5%	7.5%	7.5%	4.5%	7.5%	7.5%	4.0%	5.5%	9.0%	9.0%	5.5%	9.0%	9.0%
40-44	3.5%	5.0%	8.0%	8.0%	5.0%	8.0%	8.0%	4.0%	7.0%	10.0%	10.0%	7.0%	10.0%	10.0%
45-49	3.5%	6.0%	9.0%	9.0%	6.0%	9.0%	9.0%	4.0%	8.0%	11.0%	11.0%	8.0%	11.0%	11.0%
50-54	4.0%	8.0%	11.5%	11.5%	8.0%	12.0%	11.5%	6.0%	10.0%	13.5%	13.5%	10.0%	13.5%	13.5%
55-59	6.0%	12.5%	13.5%	13.5%	12.5%	13.5%	13.5%	9.0%	14.0%	16.0%	16.0%	14.0%	16.0%	16.0%
60-64	7.0%	12.0%	15.0%	12.0%	12.0%	15.0%	15.0%	10.5%	14.5%	16.5%	14.5%	14.5%	16.5%	16.5%
65-69	7.5%	11.5%	11.5%	11.5%	11.5%	12.0%	12.0%	11.0%	14.0%	14.0%	14.0%	14.0%	14.0%	14.0%
70-74	7.5%	9.5%	10.0%	10.0%	10.0%	10.0%	10.0%	9.5%	11.5%	11.5%	11.5%	11.5%	11.0%	11.0%
75-79	6.5%	8.0%	8.0%	8.0%	8.0%	7.5%	7.5%	8.0%	9.0%	9.0%	9.0%	9.0%	7.0%	7.0%
80-84	6.5%	8.0%	8.0%	8.0%	8.0%	7.5%	7.5%	8.0%	9.0%	9.0%	9.0%	9.0%	7.0%	7.0%
85-89	6.5%	8.0%	8.0%	8.0%	8.0%	7.5%	7.5%	8.0%	9.0%	9.0%	9.0%	9.0%	7.0%	7.0%
90-94	6.5%	8.0%	8.0%	8.0%	8.0%	7.5%	7.5%	8.0%	9.0%	9.0%	9.0%	9.0%	7.0%	7.0%

Issue Age	Lifetime M	laximum:	1,460	x Daily Be	nefit			Lifetime I	/laximum:	1,825 x	Daily Benefit			
	No BIO	5% Equal BIO	5% Compound to 65, 5% Equal	Graded	3% Compound BIO	4% Compound BIO	5% Compound BIO	No BIO	5% Equal BIO	5% Compound to 65, 5% Equal	Graded	3% Compound BIO	4% Compound BIO	5% Compound BIO
< 25	4.0%	4.5%	6.0%	6.0%	4.5%	6.0%	6.0%	4.0%	4.5%	6.0%	6.0%	4.5%	6.0%	6.0%
25-29	4.0%	4.5%	6.0%	6.0%	4.5%	6.0%	6.0%	4.0%	4.5%	6.0%	6.0%	4.5%	6.0%	6.0%
30-34	4.0%	5.0%	7.5%	7.5%	5.0%	7.5%	7.5%	4.0%	5.0%	7.5%	7.5%	5.0%	7.5%	7.5%
35-39	4.5%	5.5%	9.0%	9.0%	5.5%	9.0%	9.0%	4.5%	5.5%	9.0%	9.0%	5.5%	9.0%	9.0%
40-44	4.5%	7.0%	11.0%	11.0%	7.0%	11.0%	11.0%	4.5%	7.0%	11.0%	11.0%	7.0%	11.0%	11.0%
45-49	5.0%	8.0%	12.0%	12.0%	8.0%	12.0%	12.0%	5.0%	8.0%	12.0%	12.0%	8.0%	12.0%	12.0%
50-54	6.0%	11.0%	14.5%	14.5%	11.0%	14.5%	14.5%	6.0%	11.0%	14.5%	14.5%	11.0%	14.5%	14.5%
55-59	10.0%	15.5%	17.0%	17.5%	15.5%	17.0%	17.0%	10.0%	15.5%	17.0%	17.5%	15.5%	17.0%	17.0%
60-64	11.5%	16.0%	17.5%	16.0%	16.0%	15.5%	17.5%	11.5%	16.0%	17.5%	16.0%	16.0%	15.5%	17.5%
65-69	12.5%	15.0%	15.0%	15.0%	15.0%	15.0%	15.0%	12.5%	15.0%	15.0%	15.0%	15.0%	15.0%	15.0%
70-74	10.0%	12.0%	12.0%	12.0%	12.0%	12.0%	12.0%	10.0%	12.0%	12.0%	12.0%	12.0%	12.0%	12.0%
75-79	8.5%	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%	8.5%	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%
80-84	8.5%	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%	8.5%	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%
85-89	8.5%	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%	8.5%	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%
90-94	8.5%	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%	8.5%	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%

Issue Age	Lifetime M	aximum:	2,190	x Daily Be	nefit			Lifetime N	/laximum:	2,920 >	Daily Benefit			
	No BIO	5% Equal BIO	5% Compound to 65, 5% Equal	Graded	3% Compound BIO	4% Compound BIO	5% Compound BIO	No BIO	5% Equal BIO	5% Compound to 65, 5% Equal	Graded	3% Compound BIO	4% Compound BIO	5% Compound BIO
< 25	4.0%	4.5%	6.0%	6.0%	4.5%	6.0%	6.0%	4.0%	4.5%	6.0%	6.0%	4.5%	6.0%	6.0%
25-29	4.0%	4.5%	6.0%	6.0%	4.5%	6.0%	6.0%	4.0%	4.5%	6.0%	6.0%	4.5%	6.0%	6.0%
30-34	4.0%	5.0%	7.5%	7.5%	5.0%	7.5%	7.5%	4.0%	5.0%	7.5%	7.5%	5.0%	7.5%	7.5%
35-39	4.5%	5.5%	9.0%	9.0%	5.5%	9.0%	9.0%	4.5%	5.5%	9.0%	9.0%	5.5%	9.0%	9.0%
40-44	4.5%	7.0%	11.0%	11.0%	7.0%	11.0%	11.0%	4.5%	7.0%	11.0%	11.0%	7.0%	11.0%	11.0%
45-49	5.0%	8.0%	12.0%	12.0%	8.0%	12.0%	12.0%	5.0%	8.0%	12.0%	12.0%	8.0%	12.0%	12.0%
50-54	6.0%	11.0%	14.5%	14.5%	11.0%	14.5%	14.5%	6.0%	11.0%	14.5%	14.5%	11.0%	14.5%	14.5%
55-59	10.0%	15.5%	17.0%	17.5%	15.5%	17.0%	17.0%	10.0%	15.5%	17.0%	17.5%	15.5%	17.0%	17.0%
60-64	11.5%	16.0%	17.5%	16.0%	16.0%	15.5%	17.5%	11.5%	16.0%	17.5%	16.0%	16.0%	15.5%	17.5%
65-69	12.5%	15.0%	15.0%	15.0%	15.0%	15.0%	15.0%	12.5%	15.0%	15.0%	15.0%	15.0%	15.0%	15.0%
70-74	10.0%	12.0%	12.0%	12.0%	12.0%	12.0%	12.0%	10.0%	12.0%	12.0%	12.0%	12.0%	12.0%	12.0%
75-79	8.5%	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%	8.5%	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%
80-84	8.5%	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%	8.5%	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%
85-89	8.5%	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%	8.5%	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%
90-94	8.5%	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%	8.5%	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%

Issue Age	Lifetime M	aximum:	3,650	x Daily Be	nefit			Lifetime N	Maximum:	Unlimited				
	No BIO	5% Equal BIO	5% Compound to 65, 5% Equal	Graded	3% Compound BIO	4% Compound BIO	5% Compound BIO	No BIO	5% Equal BIO	5% Compound to 65, 5% Equal	Graded	3% Compound BIO	4% Compound BIO	ВІО
< 25	4.0%	4.0%	7.0%	7.0%	4.0%	7.0%	7.0%	4.0%	4.0%	7.0%	7.0%	4.0%	7.0%	7.0%
25-29	4.0%	4.0%	7.0%	7.0%	4.0%	7.0%	7.0%	4.0%	4.0%	7.0%	7.0%	4.0%	7.0%	7.0%
30-34	4.0%	4.5%	8.5%	8.5%	4.5%	8.5%	8.5%	4.0%	4.5%	8.5%	8.5%	4.5%	8.5%	8.5%
35-39	4.0%	5.0%	9.5%	9.5%	5.0%	9.5%	9.5%	4.0%	5.0%	9.5%	9.5%	5.0%	9.5%	9.5%
40-44	5.0%	7.0%	11.0%	11.0%	7.0%	11.0%	11.0%	5.0%	7.0%	11.0%	11.0%	7.0%	11.0%	11.0%
45-49	6.0%	9.0%	12.0%	12.0%	9.0%	12.0%	12.0%	6.0%	9.0%	12.0%	12.0%	9.0%	12.0%	12.0%
50-54	6.5%	9.0%	14.5%	14.5%	9.0%	14.5%	14.5%	6.5%	9.0%	14.5%	14.5%	9.0%	14.5%	14.5%
55-59	10.0%	14.0%	17.0%	17.0%	14.0%	17.0%	17.0%	10.0%	14.0%	17.0%	17.0%	14.0%	17.0%	17.0%
60-64	10.5%	14.0%	17.0%	14.0%	14.0%	17.0%	17.0%	10.5%	14.0%	17.0%	14.0%	14.0%	17.0%	17.0%
65-69	10.5%	14.0%	14.0%	14.0%	14.0%	15.0%	15.0%	10.5%	14.0%	14.0%	14.0%	14.0%	15.0%	15.0%
70-74	9.0%	12.0%	12.0%	12.0%	12.0%	12.0%	12.0%	9.0%	12.0%	12.0%	12.0%	12.0%	12.0%	12.0%
75-79	8.0%	9.0%	9.0%	9.0%	9.0%	9.5%	9.5%	8.0%	9.0%	9.0%	9.0%	9.0%	9.5%	9.5%
80-84	8.0%	9.0%	9.0%	9.0%	9.0%	9.5%	9.5%	8.0%	9.0%	9.0%	9.0%	9.0%	9.5%	9.5%
85-89	8.0%	9.0%	9.0%	9.0%	9.0%	9.5%	9.5%	8.0%	9.0%	9.0%	9.0%	9.0%	9.5%	9.5%
90-94	8.0%	9.0%	9.0%	9.0%	9.0%	9.5%	9.5%	8.0%	9.0%	9.0%	9.0%	9.0%	9.5%	9.5%

Table D-3
Rate Adjustment to add Waiver of Premium for ALF and Home & Community Care

Issue Age	Lifetime Ma	ximum:	730	x Daily Bei	nefit			Lifetime M	laximum:	1,095 x	Daily Benefit			
	No BIO	5% Equal BIO	5% Compound to 65, 5% Equal	Graded	3% Compound BIO	4% Compound BIO	5% Compound BIO	No BIO	5% Equal BIO	5% Compound to 65, 5% Equal	Graded	3% Compound BIO	4% Compound BIO	5% Compound BIO
< 25	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%
25-29	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%
30-34	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%
35-39	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%
40-44	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%
45-49	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%
50-54	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%
55-59	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%
60-64	1.0%	1.2%	1.5%	1.2%	1.2%	1.5%	1.5%	1.0%	1.5%	1.5%	1.5%	1.5%	1.5%	1.5%
65-69	1.5%	2.0%	2.0%	2.0%	2.0%	2.0%	2.0%	2.0%	2.5%	2.5%	2.5%	2.5%	2.5%	2.5%
70-74	2.0%	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%	3.5%	3.5%	3.5%	3.5%	3.5%	3.5%
75-79	4.0%	5.0%	5.0%	5.0%	5.0%	5.5%	5.5%	5.0%	6.0%	6.0%	6.0%	6.0%	6.0%	6.0%
80-84	4.0%	5.0%	5.0%	5.0%	5.0%	5.5%	5.5%	5.0%	6.0%	6.0%	6.0%	6.0%	6.0%	6.0%
85-89	4.0%	5.0%	5.0%	5.0%	5.0%	5.5%	5.5%	5.0%	6.0%	6.0%	6.0%	6.0%	6.0%	6.0%
90-94	4.0%	5.0%	5.0%	5.0%	5.0%	5.5%	5.5%	5.0%	6.0%	6.0%	6.0%	6.0%	6.0%	6.0%

Issue Age	Lifetime Ma	aximum:	1,460	x Daily Bei	nefit			Lifetime M	laximum:	1,825 x	Daily Benefit			
	No BIO	5% Equal BIO	5% Compound to 65, 5% Equal	Graded	3% Compound BIO	4% Compound BIO	5% Compound BIO	No BIO	5% Equal BIO	5% Compound to 65, 5% Equal	Graded	3% Compound BIO	4% Compound BIO	5% Compound BIO
< 25	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%
25-29	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%
30-34	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%
35-39	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%
40-44	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%
45-49	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%
50-54	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%
55-59	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%
60-64	1.5%	1.5%	1.5%	1.5%	1.5%	1.5%	1.5%	1.5%	1.5%	1.5%	1.5%	1.5%	1.5%	1.5%
65-69	2.0%	2.5%	2.5%	2.5%	2.5%	2.5%	2.8%	2.0%	2.5%	2.5%	2.5%	2.5%	2.5%	2.8%
70-74	3.0%	4.0%	4.0%	4.0%	4.0%	4.0%	3.9%	3.0%	4.0%	4.0%	4.0%	4.0%	4.0%	3.9%
75-79	6.0%	6.5%	6.5%	6.5%	6.5%	7.5%	7.5%	6.0%	6.5%	6.5%	6.5%	6.5%	7.5%	7.5%
80-84	6.0%	6.5%	6.5%	6.5%	6.5%	7.5%	7.5%	6.0%	6.5%	6.5%	6.5%	6.5%	7.5%	7.5%
85-89	6.0%	6.5%	6.5%	6.5%	6.5%	7.5%	7.5%	6.0%	6.5%	6.5%	6.5%	6.5%	7.5%	7.5%
90-94	6.0%	6.5%	6.5%	6.5%	6.5%	7.5%	7.5%	6.0%	6.5%	6.5%	6.5%	6.5%	7.5%	7.5%

Issue Age	Lifetime Ma	aximum:	2,190	x Daily Bei	nefit			Lifetime M	laximum:	2,920 x	Daily Benefit			
	No BIO	5% Equal BIO	5% Compound to 65, 5% Equal	Graded	3% Compound BIO	4% Compound BIO	5% Compound BIO	No BIO	5% Equal BIO	5% Compound to 65, 5% Equal	Graded	3% Compound BIO	4% Compound BIO	5% Compound BIO
< 25	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	2.0%	2.0%	2.0%	2.0%	2.0%	2.0%	2.0%
25-29	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	2.0%	2.0%	2.0%	2.0%	2.0%	2.0%	2.0%
30-34	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	2.0%	2.0%	2.0%	2.0%	2.0%	2.0%	2.0%
35-39	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	2.0%	2.0%	2.0%	2.0%	2.0%	2.0%	2.0%
40-44	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	2.0%	2.0%	2.0%	2.0%	2.0%	2.0%	2.0%
45-49	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	2.0%	2.0%	2.0%	2.0%	2.0%	2.0%	2.0%
50-54	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	2.0%	2.0%	2.0%	2.0%	2.0%	2.0%	2.0%
55-59	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	2.0%	2.0%	2.0%	2.0%	2.0%	2.0%	2.0%
60-64	1.5%	1.5%	1.5%	1.5%	1.5%	1.5%	1.5%	2.5%	2.5%	2.5%	2.5%	2.5%	2.5%	2.5%
65-69	2.0%	2.5%	2.5%	2.5%	2.5%	2.5%	2.8%	4.0%	3.5%	3.5%	3.5%	3.5%	3.0%	3.0%
70-74	3.0%	4.0%	4.0%	4.0%	4.0%	4.0%	3.9%	6.0%	5.5%	5.5%	5.5%	5.5%	4.0%	4.0%
75-79	6.0%	6.5%	6.5%	6.5%	6.5%	7.5%	7.5%	10.5%	9.0%	9.0%	9.0%	9.0%	7.5%	7.5%
80-84	6.0%	6.5%	6.5%	6.5%	6.5%	7.5%	7.5%	10.5%	9.0%	9.0%	9.0%	9.0%	7.5%	7.5%
85-89	6.0%	6.5%	6.5%	6.5%	6.5%	7.5%	7.5%	10.5%	9.0%	9.0%	9.0%	9.0%	7.5%	7.5%
90-94	6.0%	6.5%	6.5%	6.5%	6.5%	7.5%	7.5%	10.5%	9.0%	9.0%	9.0%	9.0%	7.5%	7.5%

Issue Age	Lifetime Max	ximum:	3,650	x Daily Ber	nefit			Lifetime M	laximum:	Unlimited				
	No BIO	5% Equal BIO	5% Compound to 65, 5% Equal	Graded	3% Compound BIO	4% Compound BIO	5% Compound BIO	No BIO	5% Equal BIO	5% Compound to 65, 5% Equal	Graded	3% Compound BIO	4% Compound BIO	5% Compound BIO
< 25	2.0%	2.0%	2.0%	2.0%	2.0%	2.0%	2.0%	2.0%	2.0%	2.0%	2.0%	2.0%	2.0%	2.0%
25-29	2.0%	2.0%	2.0%	2.0%	2.0%	2.0%	2.0%	2.0%	2.0%	2.0%	2.0%	2.0%	2.0%	2.0%
30-34	2.0%	2.0%	2.0%	2.0%	2.0%	2.0%	2.0%	2.0%	2.0%	2.0%	2.0%	2.0%	2.0%	2.0%
35-39	2.0%	2.0%	2.0%	2.0%	2.0%	2.0%	2.0%	2.0%	2.0%	2.0%	2.0%	2.0%	2.0%	2.0%
40-44	2.0%	2.0%	2.0%	2.0%	2.0%	2.0%	2.0%	2.0%	2.0%	2.0%	2.0%	2.0%	2.0%	2.0%
45-49	2.0%	2.0%	2.0%	2.0%	2.0%	2.0%	2.0%	2.0%	2.0%	2.0%	2.0%	2.0%	2.0%	2.0%
50-54	2.0%	2.0%	2.0%	2.0%	2.0%	2.0%	2.0%	2.0%	2.0%	2.0%	2.0%	2.0%	2.0%	2.0%
55-59	2.0%	2.0%	2.0%	2.0%	2.0%	2.0%	2.0%	2.0%	2.0%	2.0%	2.0%	2.0%	2.0%	2.0%
60-64	2.5%	2.5%	2.5%	2.5%	2.5%	2.5%	2.5%	2.5%	2.5%	2.5%	2.5%	2.5%	2.5%	2.5%
65-69	4.0%	3.5%	3.5%	3.5%	3.5%	3.0%	3.0%	4.0%	3.5%	3.5%	3.5%	3.5%	3.0%	3.0%
70-74	6.0%	5.5%	5.5%	5.5%	5.5%	4.0%	4.0%	6.0%	5.5%	5.5%	5.5%	5.5%	4.0%	4.0%
75-79	10.5%	9.0%	9.0%	9.0%	9.0%	7.5%	7.5%	10.5%	9.0%	9.0%	9.0%	9.0%	7.5%	7.5%
80-84	10.5%	9.0%	9.0%	9.0%	9.0%	7.5%	7.5%	10.5%	9.0%	9.0%	9.0%	9.0%	7.5%	7.5%
85-89	10.5%	9.0%	9.0%	9.0%	9.0%	7.5%	7.5%	10.5%	9.0%	9.0%	9.0%	9.0%	7.5%	7.5%
90-94	10.5%	9.0%	9.0%	9.0%	9.0%	7.5%	7.5%	10.5%	9.0%	9.0%	9.0%	9.0%	7.5%	7.5%

Table E-1

30 Day Calendar Day EP (% Increase from Service Day EP) 60 Day Calendar Day EP (% Increase from Service Day EP)

Issue Age							
	No BIO	5% Equal BIO	5% Compound to 65, 5% Equal	Graded	3% Compound BIO	4% Compound BIO	5% Compound BIO
< 25	1.6%	1.6%	1.6%	1.6%	1.6%	1.6%	1.6%
25-29	1.6%	1.6%	1.6%	1.6%	1.6%	1.6%	1.6%
30-34	1.6%	1.6%	1.6%	1.6%	1.6%	1.6%	1.6%
35-39	1.6%	1.6%	1.6%	1.6%	1.6%	1.6%	1.6%
40-44	1.6%	1.6%	1.6%	1.6%	1.6%	1.6%	1.6%
45-49	1.6%	1.6%	1.6%	1.6%	1.6%	1.6%	1.6%
50-54	2.4%	2.4%	2.4%	2.4%	2.4%	2.4%	2.4%
55-59	2.4%	2.4%	2.4%	2.4%	2.4%	2.4%	2.4%
60-64	2.8%	2.8%	2.8%	2.8%	2.8%	2.8%	2.8%
65-69	2.8%	2.8%	2.8%	2.8%	2.8%	2.8%	2.8%
70-74	2.8%	2.8%	2.8%	2.8%	2.8%	2.8%	2.8%
75-79	2.8%	2.8%	2.8%	2.8%	2.8%	2.8%	2.8%
80-84	2.8%	2.8%	2.8%	2.8%	2.8%	2.8%	2.8%
85-89	2.8%	2.8%	2.8%	2.8%	2.8%	2.8%	2.8%
90-94	2.8%	2.8%	2.8%	2.8%	2.8%	2.8%	2.8%

Issue Age							
	No BIO	5% Equal BIO	5% Compound to 65, 5% Equal	Graded	3% Compound BIO	4% Compound BIO	5% Compound BIO
< 25	1.8%	1.8%	1.8%	1.8%	1.8%	1.8%	1.8%
25-29	1.8%	1.8%	1.8%	1.8%	1.8%	1.8%	1.8%
30-34	1.8%	1.8%	1.8%	1.8%	1.8%	1.8%	1.8%
35-39	1.8%	1.8%	1.8%	1.8%	1.8%	1.8%	1.8%
40-44	1.8%	1.8%	1.8%	1.8%	1.8%	1.8%	1.8%
45-49	1.8%	1.8%	1.8%	1.8%	1.8%	1.8%	1.8%
50-54	2.7%	2.7%	2.7%	2.7%	2.7%	2.7%	2.7%
55-59	2.7%	2.7%	2.7%	2.7%	2.7%	2.7%	2.7%
60-64	3.1%	3.1%	3.1%	3.1%	3.1%	3.1%	3.1%
65-69	3.1%	3.1%	3.1%	3.1%	3.1%	3.1%	3.1%
70-74	3.1%	3.1%	3.1%	3.1%	3.1%	3.1%	3.1%
75-79	3.1%	3.1%	3.1%	3.1%	3.1%	3.1%	3.1%
80-84	3.1%	3.1%	3.1%	3.1%	3.1%	3.1%	3.1%
85-89	3.1%	3.1%	3.1%	3.1%	3.1%	3.1%	3.1%
90-94	3.1%	3.1%	3.1%	3.1%	3.1%	3.1%	3.1%

90 Day Calendar Day EP

(% Increase from Service Day EP)

180 Day Calendar Day EP

(% Increase from Service Day EP)

Issue Age							
	No BIO	5% Equal BIO	5% Compound to 65, 5% Equal	Graded	3% Compound BIO	4% Compound BIO	5% Compound BIO
< 25	2.0%	2.0%	2.0%	2.0%	2.0%	2.0%	2.0%
25-29	2.0%	2.0%	2.0%	2.0%	2.0%	2.0%	2.0%
30-34	2.0%	2.0%	2.0%	2.0%	2.0%	2.0%	2.0%
35-39	2.0%	2.0%	2.0%	2.0%	2.0%	2.0%	2.0%
40-44	2.0%	2.0%	2.0%	2.0%	2.0%	2.0%	2.0%
45-49	2.0%	2.0%	2.0%	2.0%	2.0%	2.0%	2.0%
50-54	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%
55-59	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%
60-64	3.5%	3.5%	3.5%	3.5%	3.5%	3.5%	3.5%
65-69	3.5%	3.5%	3.5%	3.5%	3.5%	3.5%	3.5%
70-74	3.5%	3.5%	3.5%	3.5%	3.5%	3.5%	3.5%
75-79	3.5%	3.5%	3.5%	3.5%	3.5%	3.5%	3.5%
80-84	3.5%	3.5%	3.5%	3.5%	3.5%	3.5%	3.5%
85-89	3.5%	3.5%	3.5%	3.5%	3.5%	3.5%	3.5%
90-94	3.5%	3.5%	3.5%	3.5%	3.5%	3.5%	3.5%

Issue Age							
	No BIO	5% Equal BIO	5% Compound to 65, 5% Equal	Graded	3% Compound BIO	4% Compound BIO	5% Compound BIO
< 25	2.5%	2.5%	2.5%	2.5%	2.5%	2.5%	2.5%
25-29	2.5%	2.5%	2.5%	2.5%	2.5%	2.5%	2.5%
30-34	2.5%	2.5%	2.5%	2.5%	2.5%	2.5%	2.5%
35-39	2.5%	2.5%	2.5%	2.5%	2.5%	2.5%	2.5%
40-44	2.5%	2.5%	2.5%	2.5%	2.5%	2.5%	2.5%
45-49	2.5%	2.5%	2.5%	2.5%	2.5%	2.5%	2.5%
50-54	3.7%	3.7%	3.7%	3.7%	3.7%	3.7%	3.7%
55-59	3.7%	3.7%	3.7%	3.7%	3.7%	3.7%	3.7%
60-64	4.3%	4.3%	4.3%	4.3%	4.3%	4.3%	4.3%
65-69	4.3%	4.3%	4.3%	4.3%	4.3%	4.3%	4.3%
70-74	4.3%	4.3%	4.3%	4.3%	4.3%	4.3%	4.3%
75-79	4.3%	4.3%	4.3%	4.3%	4.3%	4.3%	4.3%
80-84	4.3%	4.3%	4.3%	4.3%	4.3%	4.3%	4.3%
85-89	4.3%	4.3%	4.3%	4.3%	4.3%	4.3%	4.3%
90-94	4.3%	4.3%	4.3%	4.3%	4.3%	4.3%	4.3%

365 Day Calendar Day EP

(% Increase from Service Day EP)

Issue Age							
	No BIO	5% Equal BIO	5% Compound to 65, 5% Equal	Graded	3% Compound BIO	4% Compound BIO	5% Compound BIO
< 25	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%
25-29	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%
30-34	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%
35-39	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%
40-44	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%
45-49	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%
50-54	7.4%	7.4%	7.4%	7.4%	7.4%	7.4%	7.4%
55-59	7.4%	7.4%	7.4%	7.4%	7.4%	7.4%	7.4%
60-64	8.7%	8.7%	8.7%	8.7%	8.7%	8.7%	8.7%
65-69	8.7%	8.7%	8.7%	8.7%	8.7%	8.7%	8.7%
70-74	8.7%	8.7%	8.7%	8.7%	8.7%	8.7%	8.7%
75-79	8.7%	8.7%	8.7%	8.7%	8.7%	8.7%	8.7%
80-84	8.7%	8.7%	8.7%	8.7%	8.7%	8.7%	8.7%
85-89	8.7%	8.7%	8.7%	8.7%	8.7%	8.7%	8.7%
90-94	8.7%	8.7%	8.7%	8.7%	8.7%	8.7%	8.7%

Table E-2 50% Home & Community Care Care

Issue Age							
	No BIO	5% Equal BIO	5% Compound to 65, 5% Equal	Graded	3% Compound BIO	4% Compound BIO	5% Compound BIO
< 25	-4.0%	-4.0%	-4.0%	-4.0%	-4.0%	-4.0%	-4.0%
25-29	-4.0%	-4.0%	-4.0%	-4.0%	-4.0%	-4.0%	-4.0%
30-34	-4.0%	-4.0%	-4.0%	-4.0%	-4.0%	-4.0%	-4.0%
35-39	-4.0%	-4.0%	-4.0%	-4.0%	-4.0%	-4.0%	-4.0%
40-44	-5.0%	-5.0%	-4.0%	-4.0%	-4.0%	-4.0%	-4.0%
45-49	-5.0%	-5.0%	-4.0%	-4.0%	-4.0%	-4.0%	-4.0%
50-54	-6.0%	-6.0%	-4.0%	-4.0%	-4.0%	-4.0%	-4.0%
55-59	-8.0%	-6.0%	-4.0%	-4.0%	-4.0%	-4.0%	-4.0%
60-64	-9.0%	-6.0%	-5.0%	-5.0%	-5.0%	-5.0%	-5.0%
65-69	-9.0%	-6.0%	-6.0%	-5.0%	-5.0%	-5.0%	-5.0%
70-74	-9.0%	-6.0%	-6.0%	-5.0%	-5.0%	-5.0%	-5.0%
75-79	-9.0%	-6.0%	-6.0%	-6.0%	-6.0%	-6.0%	-6.0%
80-84	-9.0%	-7.0%	-7.0%	-7.0%	-7.0%	-7.0%	-7.0%
85-89	-9.0%	-7.0%	-7.0%	-7.0%	-7.0%	-7.0%	-7.0%
90-94	-9.0%	-7.0%	-7.0%	-7.0%	-7.0%	-7.0%	-7.0%

60% Home & Community Care Care

Issue Age							
	No BIO	5% Equal BIO	5% Compound to 65, 5% Equal	Graded	3% Compound BIO	4% Compound BIO	5% Compound BIO
< 25	-3.0%	-3.0%	-3.0%	-3.0%	-3.0%	-3.0%	-3.0%
25-29	-3.0%	-3.0%	-3.0%	-3.0%	-3.0%	-3.0%	-3.0%
30-34	-3.0%	-3.0%	-3.0%	-3.0%	-3.0%	-3.0%	-3.0%
35-39	-3.0%	-3.0%	-3.0%	-3.0%	-3.0%	-3.0%	-3.0%
40-44	-4.0%	-4.0%	-3.0%	-3.0%	-3.0%	-3.0%	-3.0%
45-49	-4.0%	-4.0%	-3.0%	-3.0%	-3.0%	-3.0%	-3.0%
50-54	-5.0%	-5.0%	-3.0%	-3.0%	-3.0%	-3.0%	-3.0%
55-59	-6.5%	-5.0%	-3.0%	-3.0%	-3.0%	-3.0%	-3.0%
60-64	-7.0%	-5.0%	-4.0%	-4.0%	-4.0%	-4.0%	-4.0%
65-69	-7.0%	-5.0%	-5.0%	-4.0%	-4.0%	-4.0%	-4.0%
70-74	-7.0%	-5.0%	-5.0%	-4.0%	-4.0%	-4.0%	-4.0%
75-79	-7.0%	-5.0%	-5.0%	-5.0%	-5.0%	-5.0%	-5.0%
80-84	-7.0%	-5.5%	-5.5%	-5.5%	-5.5%	-5.5%	-5.5%
85-89	-7.0%	-5.5%	-5.5%	-5.5%	-5.5%	-5.5%	-5.5%
90-94	-7.0%	-5.5%	-5.5%	-5.5%	-5.5%	-5.5%	-5.5%

75% Home & Community Care Care

Issue Age							
	No BIO	5% Equal BIO	5% Compound to 65, 5% Equal	Graded	3% Compound BIO	4% Compound BIO	5% Compound BIO
< 25	-2.0%	-2.0%	-2.0%	-2.0%	-2.0%	-2.0%	-2.0%
25-29	-2.0%	-2.0%	-2.0%	-2.0%	-2.0%	-2.0%	-2.0%
30-34	-2.0%	-2.0%	-2.0%	-2.0%	-2.0%	-2.0%	-2.0%
35-39	-2.0%	-2.0%	-2.0%	-2.0%	-2.0%	-2.0%	-2.0%
40-44	-2.5%	-2.5%	-2.0%	-2.0%	-2.0%	-2.0%	-2.0%
45-49	-2.5%	-2.5%	-2.0%	-2.0%	-2.0%	-2.0%	-2.0%
50-54	-3.0%	-3.0%	-2.0%	-2.0%	-2.0%	-2.0%	-2.0%
55-59	-4.0%	-3.0%	-2.0%	-2.0%	-2.0%	-2.0%	-2.0%
60-64	-4.5%	-3.0%	-2.5%	-2.5%	-2.5%	-2.5%	-2.5%
65-69	-4.5%	-3.0%	-3.0%	-2.5%	-2.5%	-2.5%	-2.5%
70-74	-4.5%	-3.0%	-3.0%	-2.5%	-2.5%	-2.5%	-2.5%
75-79	-4.5%	-3.0%	-3.0%	-3.0%	-3.0%	-3.0%	-3.0%
80-84	-4.5%	-3.5%	-3.5%	-3.5%	-3.5%	-3.5%	-3.5%
85-89	-4.5%	-3.5%	-3.5%	-3.5%	-3.5%	-3.5%	-3.5%
90-94	-4.5%	-3.5%	-3.5%	-3.5%	-3.5%	-3.5%	-3.5%

Table E-3 50% Assisted Living Facility

Issue Age							
	No BIO	5% Equal BIO	5% Compound to 65, 5% Equal	Graded	3% Compound BIO	4% Compound BIO	5% Compound BIO
< 25	-6.5%	-3.5%	-6.4%	-3.5%	-6.4%	-3.5%	-3.5%
25-29	-6.5%	-3.5%	-6.4%	-3.5%	-6.4%	-3.5%	-3.5%
30-34	-6.8%	-3.7%	-6.6%	-3.7%	-6.6%	-3.7%	-3.7%
35-39	-7.0%	-4.0%	-6.8%	-4.0%	-6.8%	-4.0%	-4.0%
40-44	-7.2%	-4.2%	-7.1%	-4.2%	-7.1%	-4.2%	-4.2%
45-49	-7.5%	-4.4%	-7.3%	-4.4%	-7.3%	-4.4%	-4.4%
50-54	-7.9%	-4.9%	-7.8%	-4.9%	-7.8%	-4.9%	-4.9%
55-59	-8.6%	-5.3%	-8.4%	-5.3%	-8.4%	-5.3%	-5.3%
60-64	-9.3%	-5.7%	-9.1%	-5.7%	-9.1%	-5.7%	-5.7%
65-69	-10.0%	-6.2%	-9.7%	-6.2%	-9.7%	-6.2%	-6.2%
70-74	-10.7%	-6.7%	-10.3%	-6.7%	-10.3%	-6.7%	-6.7%
75-79	-11.0%	-7.0%	-10.6%	-7.0%	-10.6%	-7.0%	-7.0%
80-84	-11.4%	-7.4%	-10.9%	-7.4%	-10.9%	-7.4%	-7.4%
85-89	-11.7%	-7.7%	-11.2%	-7.7%	-11.2%	-7.7%	-7.7%
90-94	-12.0%	-8.0%	-11.5%	-8.0%	-11.5%	-8.0%	-8.0%

60% Assisted Living Facility

Issue Age							
	No BIO	5% Equal BIO	5% Compound to 65, 5% Equal	Graded	3% Compound BIO	4% Compound BIO	5% Compound BIO
< 25	-4.7%	-1.8%	-4.5%	-1.8%	-4.5%	-1.8%	-1.8%
25-29	-4.7%	-1.8%	-4.5%	-1.8%	-4.5%	-1.8%	-1.8%
30-34	-4.9%	-2.1%	-4.7%	-2.1%	-4.7%	-2.1%	-2.1%
35-39	-5.2%	-2.3%	-5.0%	-2.3%	-5.0%	-2.3%	-2.3%
40-44	-5.4%	-2.6%	-5.2%	-2.6%	-5.2%	-2.6%	-2.6%
45-49	-5.7%	-2.8%	-5.4%	-2.8%	-5.4%	-2.8%	-2.8%
50-54	-6.1%	-3.3%	-5.9%	-3.3%	-5.9%	-3.3%	-3.3%
55-59	-6.7%	-3.4%	-6.4%	-3.4%	-6.4%	-3.4%	-3.4%
60-64	-7.2%	-3.5%	-6.9%	-3.5%	-6.9%	-3.5%	-3.5%
65-69	-7.7%	-3.6%	-7.3%	-3.6%	-7.3%	-3.6%	-3.6%
70-74	-8.3%	-3.7%	-7.8%	-3.7%	-7.8%	-3.7%	-3.7%
75-79	-8.7%	-3.9%	-8.1%	-3.9%	-8.1%	-3.9%	-3.9%
80-84	-9.1%	-4.1%	-8.4%	-4.1%	-8.4%	-4.1%	-4.1%
85-89	-9.6%	-4.3%	-8.7%	-4.3%	-8.7%	-4.3%	-4.3%
90-94	-10.0%	-4.5%	-9.0%	-4.5%	-9.0%	-4.5%	-4.5%

75% Assisted Living Facility

Issue Age							
	No BIO	5% Equal BIO	5% Compound to 65, 5% Equal	Graded	3% Compound BIO	4% Compound BIO	5% Compound BIO
< 25	-1.9%	-1.5%	-1.7%	-1.5%	-1.7%	-1.5%	-1.5%
25-29	-1.9%	-1.5%	-1.7%	-1.5%	-1.7%	-1.5%	-1.5%
30-34	-2.2%	-1.6%	-1.9%	-1.6%	-1.9%	-1.6%	-1.6%
35-39	-2.4%	-1.6%	-2.2%	-1.6%	-2.2%	-1.6%	-1.6%
40-44	-2.7%	-1.6%	-2.4%	-1.6%	-2.4%	-1.6%	-1.6%
45-49	-2.9%	-1.6%	-2.6%	-1.6%	-2.6%	-1.6%	-1.6%
50-54	-3.4%	-1.7%	-3.1%	-1.7%	-3.1%	-1.7%	-1.7%
55-59	-3.7%	-1.8%	-3.4%	-1.8%	-3.4%	-1.8%	-1.8%
60-64	-4.0%	-1.9%	-3.6%	-1.9%	-3.6%	-1.9%	-1.9%
65-69	-4.3%	-2.0%	-3.8%	-2.0%	-3.8%	-2.0%	-2.0%
70-74	-4.6%	-2.2%	-4.0%	-2.2%	-4.0%	-2.2%	-2.2%
75-79	-4.8%	-2.3%	-4.1%	-2.3%	-4.1%	-2.3%	-2.3%
80-84	-5.0%	-2.4%	-4.3%	-2.4%	-4.3%	-2.4%	-2.4%
85-89	-5.3%	-2.4%	-4.4%	-2.4%	-4.4%	-2.4%	-2.4%
90-94	-5.5%	-2.5%	-4.5%	-2.5%	-4.5%	-2.5%	-2.5%

Table E-4 80% Payment Level

(% Reduction from 100% Payment Level)

Issue Age							
	No BIO	5% Equal BIO	5% Compound to 65, 5% Equal	Graded	3% Compound BIO	4% Compound BIO	5% Compound BIO
< 25	-3.0%	-3.0%	-3.0%	-3.0%	-3.0%	-3.0%	-3.0%
25-29	-3.0%	-3.0%	-3.0%	-3.0%	-3.0%	-3.0%	-3.0%
30-34	-3.0%	-3.0%	-3.0%	-3.0%	-3.0%	-3.0%	-3.0%
35-39	-3.0%	-3.0%	-3.0%	-3.0%	-3.0%	-3.0%	-3.0%
40-44	-4.0%	-4.0%	-3.0%	-3.0%	-3.0%	-3.0%	-3.0%
45-49	-4.0%	-4.0%	-3.0%	-3.0%	-3.0%	-3.0%	-3.0%
50-54	-5.0%	-5.0%	-4.5%	-4.5%	-4.5%	-4.5%	-4.5%
55-59	-6.5%	-6.5%	-6.0%	-6.0%	-6.0%	-6.0%	-6.0%
60-64	-9.0%	-9.0%	-9.0%	-9.0%	-9.0%	-8.0%	-8.0%
65-69	-9.0%	-9.0%	-9.0%	-9.0%	-9.0%	-8.5%	-8.5%
70-74	-9.0%	-9.0%	-9.0%	-9.0%	-9.0%	-8.5%	-8.5%
75-79	-9.5%	-9.5%	-9.5%	-9.5%	-9.5%	-8.5%	-8.5%
80-84	-9.5%	-9.5%	-9.5%	-9.5%	-9.5%	-8.5%	-8.5%
85-89	-9.5%	-9.5%	-9.5%	-9.5%	-9.5%	-8.5%	-8.5%
90-94	-9.5%	-9.5%	-9.5%	-9.5%	-9.5%	-8.5%	-8.5%

Table F-1 0-Day Home Care EP, 30-Day NH and ALF EP

(% Increase from 30-Day EP for NH, ALF and HC)

ſ	Issue Age	Lifetime N	laximum		All Except	Unlimited			Lifetime N	/laximum		Unlimited			
		No BIO	5% Equal BIO	5% Compound to 65, 5% Equal	Graded	3% Compound BIO	4% Compound BIO	5% Compound BIO	No BIO	5% Equal BIO	5% Compound to 65, 5% Equal	Graded	3% Compound BIO	4% Compound BIO	5% Compound BIO
	All ages	4.0%	3.6%	3.2%	2.8%	2.8%	2.8%	2.8%	4.0%	3.6%	3.2%	3.2%	3.2%	3.2%	3.2%

0-Day Home Care EP, 60-Day NH and ALF EP

(% Increase from 60-Day EP for NH, ALF and HC)

Π	Issue Age	Lifetime N	laximum		All Except	Unlimited			Lifetime N	Maximum		Unlimited			
		No BIO	5% Equal BIO	5% Compound to 65, 5% Equal	Graded	3% Compound BIO	4% Compound BIO	5% Compound BIO	No BIO	5% Equal BIO	5% Compound to 65, 5% Equal	Graded	3% Compound BIO	4% Compound BIO	5% Compound BIO
	All ages	6.4%	6.3%	5.5%	4.8%	4.8%	4.8%	4.8%	6.4%	6.3%	5.7%	5.7%	5.7%	5.7%	5.7%

0-Day Home Care EP, 90-Day NH and ALF EP

(% Increase from 90-Day EP for NH, ALF and HC)

Issue Age	Lifetime N	laximum		All Except	Unlimited			Lifetime N	Maximum		Unlimited			
	No BIO	5% Equal BIO	5% Compound to 65, 5% Equal	Graded	3% Compound BIO	4% Compound BIO	5% Compound BIO	No BIO	5% Equal BIO	5% Compound to 65, 5% Equal	Graded	3% Compound BIO	4% Compound BIO	5% Compound BIO
All ages	8.2%	8.2%	7.2%	6.2%	6.2%	6.2%	6.2%	8.2%	8.2%	7.4%	7.4%	7.4%	7.4%	7.4%

0-Day Home Care EP, 180-Day NH and ALF EP

(% Increase from 180-Day EP for NH, ALF and HC)

Ī	Issue Age	Lifetime N	laximum		All Except Unlimited					Lifetime Maximum Unlimited					
		No BIO	5% Equal BIO	5% Compound to 65, 5% Equal	Graded	3% Compound BIO	4% Compound BIO	5% Compound BIO	No BIO	5% Equal BIO	5% Compound to 65, 5% Equal	Graded	3% Compound BIO	4% Compound BIO	5% Compound BIO
ſ	All ages	15.5%	14.8%	13.0%	11.3%	11.3%	11.3%	11.3%	15.5%	14.8%	13.5%	13.5%	13.5%	13.5%	13.5%

0-Day Home Care EP, 365-Day NH and ALF EP

(% Increase from 365-Day EP for NH, ALF and HC)

ſ	Issue Age	Lifetime N	laximum		All Except	Unlimited			Lifetime Maximum Unlimited						
		No BIO	5% Equal BIO	5% Compound to 65, 5% Equal	Graded	3% Compound BIO	4% Compound BIO	5% Compound BIO	No BIO	5% Equal BIO	5% Compound to 65, 5% Equal	Graded	3% Compound BIO	4% Compound BIO	5% Compound BIO
	All ages	24.0%	23.0%	20.0%	20.0%	20.0%	20.0%	20.0%	24.0%	23.0%	21.0%	21.0%	21.0%	21.0%	21.0%

Table F-2(% Increase to Base Rate)

Monthly Benefits

All Issue ages 2.1%

Table F-3(% Increase to Base Rate)

Transition Benefit

(Benefit up to 5 times the Daily Benefit or 20% of the Monthly Benefit)

All Issue ages 2.5%

Table F-4
10 Year Return of Premium on Death Benefit

Issue Age							
	No BIO	5% Equal BIO	5% Compound to 65, 5% Equal	Graded	3% Compound BIO	4% Compound BIO	5% Compound BIO
< 25	23.0%	23.0%	23.0%	23.0%	23.0%	23.0%	23.0%
25-29	23.0%	23.0%	23.0%	23.0%	23.0%	23.0%	23.0%
30-34	23.0%	23.0%	23.0%	23.0%	23.0%	23.0%	23.0%
35-39	23.0%	23.0%	23.0%	23.0%	23.0%	23.0%	23.0%
40-44	23.0%	23.0%	23.0%	23.0%	23.0%	23.0%	23.0%
45-49	23.0%	23.0%	23.0%	23.0%	23.0%	23.0%	23.0%
50-54	28.0%	28.0%	28.0%	28.0%	28.0%	28.0%	28.0%
55-59	34.0%	34.0%	34.0%	34.0%	34.0%	34.0%	34.0%
60-64	39.0%	39.0%	39.0%	39.0%	39.0%	39.0%	39.0%
65-69	46.0%	46.0%	46.0%	46.0%	46.0%	46.0%	46.0%
70-74	58.0%	58.0%	58.0%	58.0%	58.0%	58.0%	58.0%
75-79	58.0%	58.0%	58.0%	58.0%	58.0%	58.0%	58.0%
80-84	58.0%	58.0%	58.0%	58.0%	58.0%	58.0%	58.0%
85-89	58.0%	58.0%	58.0%	58.0%	58.0%	58.0%	58.0%
90-94	58.0%	58.0%	58.0%	58.0%	58.0%	58.0%	58.0%

Table F-5
Graded Return of Premium on Death Benefit

Issue Age	
18-64	8%
65+	N/A

Table F-6 10-Year Survivorship Rider

(% Increase to Base Rate)

Issue Age	Lifetime Maximum:	All Except Unlimited	Lifetime Maximum:	Unlimited
< 25		4.5%		5.0%
25-29		4.5%		5.0%
30-34		4.5%		5.0%
35-39		4.5%		5.0%
40-44		4.5%		5.0%
45-49		4.5%		5.0%
50-54		4.5%		5.0%
55-59		4.5%		5.0%
60-64		4.5%		5.0%
65-69		4.5%		5.0%
70-74		5.0%		6.0%
75-79		6.0%		6.5%
80-84		6.0%		6.5%
85-89		6.5%		7.0%
90-94		6.5%		7.0%

Table F-7
Enhanced 10-Year Survivorship Rider

(% Increase to Base Rate)

Issue Age	Lifetime Maximum:	All Except Unlimited	Lifetime Maximum:	Unlimited
< 25		8.5%		10.0%
25-29		8.5%		10.0%
30-34		8.5%		10.5%
35-39		8.5%		10.5%
40-44		8.5%		10.5%
45-49		8.5%		10.5%
50-54		8.5%		10.5%
55-59		8.5%		10.5%
60-64		9.0%		11.0%
65-69		9.5%		11.5%
70-74		10.0%		12.0%
75-79		10.0%		12.0%
80-84		10.0%		12.0%
85-89		10.0%		12.0%
90-94		10.0%		12.0%

Table F-8
Enhanced 7-Year Survivorship Rider

(% Increase to Base Rate)

Issue Age	Lifetime Maximum:	All Except Unlimited	Lifetime Maximum:	Unlimited
All ages		12.5%		14.0%

Table F-9

Restoration of Benefits (% Increase to Base Rate)

ſ	Issue Age	Lifetime N	laximum		730	x Daily Benef	it		Lifetime Maximum 1,095 x Daily Benefit						
		No BIO	5% Equal BIO	5% Compound to 65, 5% Equal	Graded	3% Compound BIO	4% Compound BIO	5% Compound BIO	No BIO	5% Equal BIO	5% Compound to 65, 5% Equal	Graded	3% Compound BIO	4% Compound BIO	5% Compound BIO
	All ages	11.0%	9.0%	8.0%	8.0%	8.0%	8.0%	8.0%	9.0%	8.0%	7.0%	7.0%	7.0%	7.0%	7.0%

ſ	Issue Age	Lifetime N	laximum		1,460	x Daily Benef	it		Lifetime Maximum 1,825 x Daily Benefit						
		No BIO	5% Equal BIO	5% Compound to 65, 5% Equal	Graded	3% Compound BIO	4% Compound BIO	5% Compound BIO	No BIO	5% Equal BIO	5% Compound to 65, 5% Equal	Graded	3% Compound BIO	4% Compound BIO	5% Compound BIO
	All ages	7.0%	6.0%	5.0%	5.0%	5.0%	5.0%	5.0%	7.0%	6.0%	5.0%	5.0%	5.0%	5.0%	5.0%

I	Issue Age	Lifetime N	laximum		2,190	x Daily Benef	it		Lifetime I	Maximum		2,920	x Daily Benef	it	
		No BIO	5% Equal BIO	5% Compound to 65, 5% Equal	Graded	3% Compound BIO	4% Compound BIO	5% Compound BIO	No BIO	5% Equal BIO	5% Compound to 65, 5% Equal	Graded	3% Compound BIO	4% Compound BIO	5% Compound BIO
I	All ages	7.0%	6.0%	5.0%	5.0%	5.0%	5.0%	5.0%	6.0%	4.0%	4.0%	4.0%	4.0%	4.0%	4.0%

Issue A	ge	Lifetime N	/laximum		3,650	x Daily Benef	it	
		No BIO	5% Equal BIO	5% Compound to 65, 5% Equal	Graded	3% Compound BIO	4% Compound BIO	5% Compound BIO
All age	s	6.0%	4.0%	4.0%	4.0%	4.0%	4.0%	4.0%

Table F-10 (% Increase to Base Rate)
Nonforfeiture Benefit

All Issue ages 12.0%

Table F-11
Adjustment when Inflation increases are reduced by claims

Issue Age							
	No BIO*	5% Equal BIO*	5% Compound to 65, 5% Equal*	Graded	3% Compound BIO	4% Compound BIO	5% Compound BIO
< 25	0.0%	0.0%	0.0%	-1.5%	-2.0%	-1.5%	-1.5%
25-29	0.0%	0.0%	0.0%	-1.5%	-2.0%	-1.5%	-1.5%
30-34	0.0%	0.0%	0.0%	-1.5%	-2.0%	-1.5%	-1.5%
35-39	0.0%	0.0%	0.0%	-1.5%	-2.0%	-1.5%	-1.5%
40-44	0.0%	0.0%	0.0%	-2.0%	-2.5%	-2.0%	-2.0%
45-49	0.0%	0.0%	0.0%	-2.0%	-2.5%	-2.0%	-2.0%
50-54	0.0%	0.0%	0.0%	-2.0%	-2.5%	-2.0%	-2.0%
55-59	0.0%	0.0%	0.0%	-2.0%	-2.5%	-2.0%	-2.0%
60-64	0.0%	0.0%	0.0%	-2.5%	-2.5%	-2.5%	-2.5%
65-69	0.0%	0.0%	0.0%	-2.5%	-2.5%	-2.5%	-2.5%
70-74	0.0%	0.0%	0.0%	-2.5%	-2.5%	-2.5%	-2.5%
75-79	0.0%	0.0%	0.0%	-2.5%	-2.5%	-2.5%	-2.5%
80-84	0.0%	0.0%	0.0%	-2.5%	-2.5%	-2.5%	-2.5%
85-89	0.0%	0.0%	0.0%	-2.5%	-2.5%	-2.5%	-2.5%
90-94	0.0%	0.0%	0.0%	-2.5%	-2.5%	-2.5%	-2.5%

^{*} These Inflation options will not have the option to reduce inflation increases by claims.

Table F-12 Shared Coverage Rider

(% Increase to Base Rate)

Issue Age	Lifetime Ma	ximum:	730	x Daily Ber	nefit			Lifetime M	laximum:	1,095 x	Daily Benefit			
	No BIO	5% Equal BIO	5% Compound to 65, 5% Equal	Graded	3% Compound BIO	4% Compound BIO	5% Compound BIO	No BIO	5% Equal BIO	5% Compound to 65, 5% Equal	Graded	3% Compound BIO	4% Compound BIO	5% Compound BIO
< 25	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%
25-29	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%
30-34	6.5%	6.0%	5.5%	5.5%	6.0%	5.5%	5.5%	5.5%	5.8%	5.8%	5.8%	5.8%	5.8%	5.0%
35-39	8.0%	7.0%	6.0%	6.0%	7.0%	6.0%	6.0%	6.0%	6.5%	6.5%	6.5%	6.5%	6.5%	5.0%
40-44	10.0%	9.0%	8.0%	8.0%	9.0%	8.0%	8.0%	8.0%	8.0%	8.0%	8.0%	8.0%	8.0%	7.3%
45-49	12.0%	11.0%	10.0%	10.0%	11.0%	10.0%	10.0%	10.0%	9.5%	9.5%	9.5%	9.5%	9.5%	9.5%
50-54	17.0%	15.0%	14.0%	14.0%	15.0%	14.0%	14.0%	12.0%	11.5%	11.5%	11.5%	11.5%	11.5%	11.5%
55-59	19.0%	18.0%	17.0%	17.0%	18.0%	17.0%	17.0%	14.0%	13.5%	13.5%	13.5%	13.5%	13.5%	13.5%
60-64	22.0%	21.0%	21.0%	20.0%	21.0%	20.0%	20.0%	16.0%	15.5%	15.5%	15.5%	15.5%	15.5%	15.5%
65-69	22.0%	21.0%	21.0%	20.0%	21.0%	20.0%	20.0%	16.0%	15.5%	15.5%	15.5%	15.5%	15.5%	15.5%
70-74	22.0%	21.0%	21.0%	20.0%	21.0%	20.0%	20.0%	16.0%	15.5%	15.5%	15.5%	15.5%	15.5%	15.5%
75-79	22.0%	21.0%	21.0%	20.0%	21.0%	20.0%	20.0%	16.0%	15.5%	15.5%	15.5%	15.5%	15.5%	15.5%
80-84	22.0%	21.0%	21.0%	20.0%	21.0%	20.0%	20.0%	16.0%	15.5%	15.5%	15.5%	15.5%	15.5%	15.5%
85-89	22.0%	21.0%	21.0%	20.0%	21.0%	20.0%	20.0%	16.0%	15.5%	15.5%	15.5%	15.5%	15.5%	15.5%
90-94	22.0%	21.0%	21.0%	20.0%	21.0%	20.0%	20.0%	16.0%	15.5%	15.5%	15.5%	15.5%	15.5%	15.5%

Issue Age	Lifetime Ma	ximum:		x Daily Ber	nefit			Lifetime M	laximum:		Daily Benefit			
	No BIO	5% Equal BIO	5% Compound to 65, 5% Equal	Graded	3% Compound BIO	4% Compound BIO	5% Compound BIO	No BIO	5% Equal BIO	5% Compound to 65, 5% Equal	Graded	3% Compound BIO	4% Compound BIO	5% Compound BIO
< 25	4.0%	4.0%	4.0%	4.0%	4.0%	4.0%	4.0%	4.0%	4.0%	4.0%	4.0%	4.0%	4.0%	4.0%
25-29	4.0%	4.0%	4.0%	4.0%	4.0%	4.0%	4.0%	4.0%	4.0%	4.0%	4.0%	4.0%	4.0%	4.0%
30-34	4.5%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	4.5%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%
35-39	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%
40-44	6.0%	7.0%	7.0%	7.0%	7.0%	7.0%	7.0%	6.0%	7.0%	7.0%	7.0%	7.0%	7.0%	7.0%
45-49	7.0%	7.0%	7.0%	7.0%	7.0%	7.0%	7.0%	7.0%	7.0%	7.0%	7.0%	7.0%	7.0%	7.0%
50-54	10.0%	8.0%	8.0%	8.0%	8.0%	8.0%	8.0%	10.0%	8.0%	8.0%	8.0%	8.0%	8.0%	8.0%
55-59	14.0%	9.0%	9.0%	9.0%	9.0%	9.0%	9.0%	14.0%	9.0%	9.0%	9.0%	9.0%	9.0%	9.0%
60-64	14.0%	9.0%	9.0%	9.0%	9.0%	9.0%	9.0%	14.0%	9.0%	9.0%	9.0%	9.0%	9.0%	9.0%
65-69	14.0%	9.0%	9.0%	9.0%	9.0%	9.0%	9.0%	14.0%	9.0%	9.0%	9.0%	9.0%	9.0%	9.0%
70-74	14.0%	9.0%	9.0%	9.0%	9.0%	9.0%	9.0%	14.0%	9.0%	9.0%	9.0%	9.0%	9.0%	9.0%
75-79	14.0%	9.0%	9.0%	9.0%	9.0%	9.0%	9.0%	14.0%	9.0%	9.0%	9.0%	9.0%	9.0%	9.0%
80-84	14.0%	9.0%	9.0%	9.0%	9.0%	9.0%	9.0%	14.0%	9.0%	9.0%	9.0%	9.0%	9.0%	9.0%
85-89	14.0%	9.0%	9.0%	9.0%	9.0%	9.0%	9.0%	14.0%	9.0%	9.0%	9.0%	9.0%	9.0%	9.0%
90-94	14.0%	9.0%	9.0%	9.0%	9.0%	9.0%	9.0%	14.0%	9.0%	9.0%	9.0%	9.0%	9.0%	9.0%

Issue Age	Lifetime Ma	aximum:	2,190	x Daily Bei	nefit			Lifetime M	laximum:	2,920 x	Daily Benefit			
	No BIO	5% Equal BIO	5% Compound to 65, 5% Equal	Graded	3% Compound BIO	4% Compound BIO	5% Compound BIO	No BIO	5% Equal BIO	5% Compound to 65, 5% Equal	Graded	3% Compound BIO	4% Compound BIO	5% Compound BIO
< 25	4.0%	4.0%	4.0%	4.0%	4.0%	4.0%	4.0%	4.0%	4.0%	4.0%	4.0%	4.0%	4.0%	4.0%
25-29	4.0%	4.0%	4.0%	4.0%	4.0%	4.0%	4.0%	4.0%	4.0%	4.0%	4.0%	4.0%	4.0%	4.0%
30-34	4.5%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	4.5%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%
35-39	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%
40-44	6.0%	7.0%	7.0%	7.0%	7.0%	7.0%	7.0%	6.0%	7.0%	7.0%	7.0%	7.0%	7.0%	7.0%
45-49	7.0%	7.0%	7.0%	7.0%	7.0%	7.0%	7.0%	7.0%	7.0%	7.0%	7.0%	7.0%	7.0%	7.0%
50-54	10.0%	8.0%	8.0%	8.0%	8.0%	8.0%	8.0%	10.0%	8.0%	8.0%	8.0%	8.0%	8.0%	8.0%
55-59	12.0%	9.0%	9.0%	9.0%	9.0%	9.0%	9.0%	10.0%	9.0%	9.0%	9.0%	9.0%	9.0%	9.0%
60-64	12.0%	9.0%	9.0%	9.0%	9.0%	9.0%	9.0%	10.0%	9.0%	9.0%	9.0%	9.0%	9.0%	9.0%
65-69	12.0%	9.0%	9.0%	9.0%	9.0%	9.0%	9.0%	10.0%	9.0%	9.0%	9.0%	9.0%	9.0%	9.0%
70-74	12.0%	9.0%	9.0%	9.0%	9.0%	9.0%	9.0%	10.0%	9.0%	9.0%	9.0%	9.0%	9.0%	9.0%
75-79	12.0%	9.0%	9.0%	9.0%	9.0%	9.0%	9.0%	10.0%	9.0%	9.0%	9.0%	9.0%	9.0%	9.0%
80-84	12.0%	9.0%	9.0%	9.0%	9.0%	9.0%	9.0%	10.0%	9.0%	9.0%	9.0%	9.0%	9.0%	9.0%
85-89	12.0%	9.0%	9.0%	9.0%	9.0%	9.0%	9.0%	10.0%	9.0%	9.0%	9.0%	9.0%	9.0%	9.0%
90-94	12.0%	9.0%	9.0%	9.0%	9.0%	9.0%	9.0%	10.0%	9.0%	9.0%	9.0%	9.0%	9.0%	9.0%

Issue Age	Lifetime Ma	aximum:	3,650	x Daily Bei	nefit		
	No BIO	5% Equal BIO	5% Compound to 65, 5% Equal	Graded	3% Compound BIO	4% Compound BIO	5% Compound BIO
< 25	4.0%	4.0%	4.0%	4.0%	4.0%	4.0%	4.0%
25-29	4.0%	4.0%	4.0%	4.0%	4.0%	4.0%	4.0%
30-34	4.5%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%
35-39	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%
40-44	6.0%	7.0%	7.0%	7.0%	7.0%	7.0%	7.0%
45-49	7.0%	7.0%	7.0%	7.0%	7.0%	7.0%	7.0%
50-54	10.0%	8.0%	8.0%	8.0%	8.0%	8.0%	8.0%
55-59	10.0%	9.0%	9.0%	9.0%	9.0%	9.0%	9.0%
60-64	10.0%	9.0%	9.0%	9.0%	9.0%	9.0%	9.0%
65-69	10.0%	9.0%	9.0%	9.0%	9.0%	9.0%	9.0%
70-74	10.0%	9.0%	9.0%	9.0%	9.0%	9.0%	9.0%
75-79	10.0%	9.0%	9.0%	9.0%	9.0%	9.0%	9.0%
80-84	10.0%	9.0%	9.0%	9.0%	9.0%	9.0%	9.0%
85-89	10.0%	9.0%	9.0%	9.0%	9.0%	9.0%	9.0%
90-94	10.0%	9.0%	9.0%	9.0%	9.0%	9.0%	9.0%

Table F-13 Shared Coverage with Joint Waiver Rider

(% Increase to Base Rate)

Issue Age	Lifetime Ma	ximum:	730	x Daily Ber	nefit			Lifetime M	laximum:	1,095 x	Daily Benefit			
	No BIO	5% Equal BIO	5% Compound to 65, 5% Equal	Graded	3% Compound BIO	4% Compound BIO	5% Compound BIO	No BIO	5% Equal BIO	5% Compound to 65, 5% Equal	Graded	3% Compound BIO	4% Compound BIO	5% Compound BIO
< 25	6.2%	6.2%	6.2%	6.2%	6.2%	6.2%	6.2%	6.2%	6.2%	6.2%	6.2%	6.2%	6.2%	6.2%
25-29	6.2%	6.2%	6.2%	6.2%	6.2%	6.2%	6.2%	6.2%	6.2%	6.2%	6.2%	6.2%	6.2%	6.2%
30-34	7.7%	7.2%	6.7%	6.7%	7.2%	6.7%	6.7%	6.7%	7.0%	7.0%	7.0%	7.0%	7.0%	6.2%
35-39	9.2%	8.2%	7.2%	7.2%	8.2%	7.2%	7.2%	7.2%	7.7%	7.7%	7.7%	7.7%	7.7%	6.2%
40-44	11.2%	10.2%	9.2%	9.2%	10.2%	9.2%	9.2%	9.2%	9.2%	9.2%	9.2%	9.2%	9.2%	8.5%
45-49	13.2%	12.2%	11.2%	11.2%	12.2%	11.2%	11.2%	11.2%	10.7%	10.7%	10.7%	10.7%	10.7%	10.7%
50-54	18.2%	16.2%	15.2%	15.2%	16.2%	15.2%	15.2%	13.2%	12.7%	12.7%	12.7%	12.7%	12.7%	12.7%
55-59	20.2%	19.2%	18.2%	18.2%	19.2%	18.2%	18.2%	15.2%	14.7%	14.9%	14.9%	14.7%	14.9%	14.9%
60-64	23.2%	22.4%	22.8%	21.4%	22.4%	21.8%	21.8%	17.3%	17.3%	17.5%	17.3%	17.3%	17.5%	17.5%
65-69	23.6%	23.3%	23.3%	22.3%	23.3%	22.6%	22.6%	18.3%	18.4%	18.4%	18.4%	18.4%	18.5%	18.5%
70-74	24.5%	24.4%	24.4%	23.4%	24.4%	24.0%	24.0%	19.5%	19.7%	19.7%	19.7%	19.7%	19.8%	19.8%
75-79	26.8%	26.0%	26.0%	25.0%	26.0%	25.0%	25.0%	21.0%	20.5%	20.5%	20.5%	20.5%	20.5%	20.5%
80-84	26.8%	26.0%	26.0%	25.0%	26.0%	25.0%	25.0%	21.0%	20.5%	20.5%	20.5%	20.5%	20.5%	20.5%
85-89	26.8%	26.0%	26.0%	25.0%	26.0%	25.0%	25.0%	21.0%	20.5%	20.5%	20.5%	20.5%	20.5%	20.5%
90-94	26.8%	26.0%	26.0%	25.0%	26.0%	25.0%	25.0%	21.0%	20.5%	20.5%	20.5%	20.5%	20.5%	20.5%

Issue Age	Lifetime Ma	ximum:		x Daily Bei	nefit			Lifetime M	laximum:		Daily Benefit			
	No BIO	5% Equal BIO	5% Compound to 65, 5% Equal	Graded	3% Compound BIO	4% Compound BIO	5% Compound BIO	No BIO	5% Equal BIO	5% Compound to 65, 5% Equal	Graded	3% Compound BIO	4% Compound BIO	5% Compound BIO
< 25	5.2%	5.2%	5.2%	5.2%	5.2%	5.2%	5.2%	5.2%	5.2%	5.2%	5.2%	5.2%	5.2%	5.2%
25-29	5.2%	5.2%	5.2%	5.2%	5.2%	5.2%	5.2%	5.2%	5.2%	5.2%	5.2%	5.2%	5.2%	5.2%
30-34	5.7%	6.2%	6.2%	6.2%	6.2%	6.2%	6.2%	5.7%	6.2%	6.2%	6.2%	6.2%	6.2%	6.2%
35-39	6.2%	6.2%	6.2%	6.2%	6.2%	6.2%	6.2%	6.2%	6.2%	6.2%	6.2%	6.2%	6.2%	6.2%
40-44	7.2%	8.2%	8.2%	8.2%	8.2%	8.2%	8.2%	7.2%	8.2%	8.2%	8.2%	8.2%	8.2%	8.2%
45-49	8.2%	8.2%	8.2%	8.2%	8.2%	8.2%	8.2%	8.2%	8.2%	8.2%	8.2%	8.2%	8.2%	8.2%
50-54	11.2%	9.2%	9.2%	9.2%	9.2%	9.2%	9.2%	11.2%	9.2%	9.2%	9.2%	9.2%	9.2%	9.2%
55-59	15.2%	10.3%	10.4%	10.4%	10.3%	10.4%	10.4%	15.2%	10.3%	10.4%	10.4%	10.3%	10.4%	10.4%
60-64	15.7%	11.0%	11.3%	11.0%	11.0%	11.3%	11.3%	15.7%	11.0%	11.3%	11.0%	11.0%	11.3%	11.3%
65-69	16.6%	12.1%	12.1%	12.1%	12.1%	12.4%	12.4%	16.6%	12.1%	12.1%	12.1%	12.1%	12.4%	12.4%
70-74	18.0%	13.6%	13.6%	13.6%	13.6%	13.7%	13.7%	18.0%	13.6%	13.6%	13.6%	13.6%	13.7%	13.7%
75-79	19.0%	14.0%	14.0%	14.0%	14.0%	14.0%	14.0%	19.0%	14.0%	14.0%	14.0%	14.0%	14.0%	14.0%
80-84	19.0%	14.0%	14.0%	14.0%	14.0%	14.0%	14.0%	19.0%	14.0%	14.0%	14.0%	14.0%	14.0%	14.0%
85-89	19.0%	14.0%	14.0%	14.0%	14.0%	14.0%	14.0%	19.0%	14.0%	14.0%	14.0%	14.0%	14.0%	14.0%
90-94	19.0%	14.0%	14.0%	14.0%	14.0%	14.0%	14.0%	19.0%	14.0%	14.0%	14.0%	14.0%	14.0%	14.0%

Issue Age	Lifetime Ma	aximum:	2,190	x Daily Bei	nefit			Lifetime M	laximum:	2,920 x	Daily Benefit			
	No BIO	5% Equal BIO	5% Compound to 65, 5% Equal	Graded	3% Compound BIO	4% Compound BIO	5% Compound BIO	No BIO	5% Equal BIO	5% Compound to 65, 5% Equal	Graded	3% Compound BIO	4% Compound BIO	5% Compound BIO
< 25	5.2%	5.2%	5.2%	5.2%	5.2%	5.2%	5.2%	6.1%	6.1%	6.1%	6.1%	6.1%	6.1%	6.1%
25-29	5.2%	5.2%	5.2%	5.2%	5.2%	5.2%	5.2%	6.1%	6.1%	6.1%	6.1%	6.1%	6.1%	6.1%
30-34	5.7%	6.2%	6.2%	6.2%	6.2%	6.2%	6.2%	6.7%	7.2%	7.2%	7.2%	7.2%	7.2%	7.2%
35-39	6.2%	6.2%	6.2%	6.2%	6.2%	6.2%	6.2%	7.1%	7.1%	7.1%	7.1%	7.1%	7.1%	7.1%
40-44	7.2%	8.2%	8.2%	8.2%	8.2%	8.2%	8.2%	8.2%	9.2%	9.2%	9.2%	9.2%	9.2%	9.2%
45-49	8.2%	8.2%	8.2%	8.2%	8.2%	8.2%	8.2%	9.1%	9.1%	9.1%	9.1%	9.1%	9.1%	9.1%
50-54	11.2%	9.2%	9.2%	9.2%	9.2%	9.2%	9.2%	12.1%	10.1%	10.1%	10.1%	10.1%	10.1%	10.1%
55-59	13.2%	10.3%	10.4%	10.4%	10.3%	10.4%	10.4%	12.4%	11.1%	11.1%	11.1%	11.1%	11.1%	11.1%
60-64	13.7%	11.0%	11.3%	11.0%	11.0%	11.3%	11.3%	13.2%	11.9%	11.3%	11.9%	11.9%	11.3%	11.3%
65-69	14.6%	12.1%	12.1%	12.1%	12.1%	12.4%	12.4%	15.0%	13.4%	13.4%	13.4%	13.4%	12.4%	12.4%
70-74	16.0%	13.6%	13.6%	13.6%	13.6%	13.7%	13.7%	15.0%	14.0%	14.0%	14.0%	14.0%	13.7%	13.7%
75-79	17.0%	14.0%	14.0%	14.0%	14.0%	14.0%	14.0%	15.0%	14.0%	14.0%	14.0%	14.0%	14.0%	14.0%
80-84	17.0%	14.0%	14.0%	14.0%	14.0%	14.0%	14.0%	15.0%	14.0%	14.0%	14.0%	14.0%	14.0%	14.0%
85-89	17.0%	14.0%	14.0%	14.0%	14.0%	14.0%	14.0%	15.0%	14.0%	14.0%	14.0%	14.0%	14.0%	14.0%
90-94	17.0%	14.0%	14.0%	14.0%	14.0%	14.0%	14.0%	15.0%	14.0%	14.0%	14.0%	14.0%	14.0%	14.0%

Issue Age	Lifetime Ma	aximum:	3,650	x Daily Bei	nefit		
	No BIO	5% Equal BIO	5% Compound to 65, 5% Equal	Graded	3% Compound BIO	4% Compound BIO	5% Compound BIO
< 25	6.1%	6.1%	6.1%	6.1%	6.1%	6.1%	6.1%
25-29	6.1%	6.1%	6.1%	6.1%	6.1%	6.1%	6.1%
30-34	6.7%	7.2%	7.2%	7.2%	7.2%	7.2%	7.2%
35-39	7.1%	7.1%	7.1%	7.1%	7.1%	7.1%	7.1%
40-44	8.2%	9.2%	9.2%	9.2%	9.2%	9.2%	9.2%
45-49	9.1%	9.1%	9.1%	9.1%	9.1%	9.1%	9.1%
50-54	12.1%	10.1%	10.1%	10.1%	10.1%	10.1%	10.1%
55-59	12.4%	11.1%	11.1%	11.1%	11.1%	11.1%	11.1%
60-64	13.2%	11.9%	11.3%	11.9%	11.9%	11.3%	11.3%
65-69	15.0%	13.4%	13.4%	13.4%	13.4%	12.4%	12.4%
70-74	15.0%	14.0%	14.0%	14.0%	14.0%	13.7%	13.7%
75-79	15.0%	14.0%	14.0%	14.0%	14.0%	14.0%	14.0%
80-84	15.0%	14.0%	14.0%	14.0%	14.0%	14.0%	14.0%
85-89	15.0%	14.0%	14.0%	14.0%	14.0%	14.0%	14.0%
90-94	15.0%	14.0%	14.0%	14.0%	14.0%	14.0%	14.0%

Table F-14 (% Increase to Base Rate)
Informal Care Benefit
(Benefit up to 25% of Daily Benefit or 1% of Monthly Benefit
for no more than 30 days per calendar year)

All Issue ages 3% (subject to the Elimination Period unless stated in Schedule Page)

Table F-15
Rate Guarantee

Rate Guarantee Period	Certificate Level	Policy Level
0 to 3 Years	1.00	1.00
4 Years	1.02	1.00
5 Years	1.04	1.00
6 Years	Not Available	1.02
7 Years	Not Available	1.04
8 Years	Not Available	1.06
9 Years	Not Available	1.08
10 Years	Not Available	1.10

Table G
Adjustments for Alternative Flat Commission Levels (or actuarial equivalent)

Commission %	Factor
0%	0.825
1%	0.835
2%	0.845
3%	0.855
4%	0.865
5%	0.875
6%	0.888
7%	0.901
8%	0.914
9%	0.927
10%	0.940
11%	0.952
12%	0.964
13%	0.976
14%	0.988
15%	1.000
16%	1.018
17%	1.036
18%	1.054
19%	1.072
20%	1.090
21%	1.108
22%	1.126
23%	1.144
24%	1.162
25%	1.180

Table H
Group Underwriting Factor

(Multiple of Base Rates)

Factor	
0.65 to 1.50	

Table I
Expense Adjustment Factor

(Multiple of Base Rates)

Factor
0.65 to 1.50

Table J

Adjustments to annual premium rates when alternative billing frequencies are used

Mode	Factor
Annual	0.97087 to 1.00000
Semi-Annually	0.49515 to 0.51000
Quarterly	0.25 to 0.26000
Monthly & Others	0.08333 to 0.09000

Premiums for payment options in the Other Category will be calculated using the following formula: Monthly Rate * 12 / # Payments per Year.

Substandard Rating

A substandard risk charge of 25%, 50%, 75% or 100% may be applied to applicants in response to certain health underwriting criteria, and consistent with findings during the underwriting process.

Discounts Available

- A -

Couples Discount

A 40% discount applies if both members of a couple submit valid applications and both are issued policies.

A 25% discount applies if both members of a couple submit valid applications and only 1 is issued a policy.

Note:

- 1. "Valid application" means that the applicant has answered "No" to all questions in the Insurability Profile section of the application and that these answers have been verified through the collection of other risk management information (e.g. medical records and face-to-face assessments).
- 2. We may use the following alternative discount structure for future sales: A 35% discount will apply if both members of a couple submit valid applications. This discount is actuarially equivalent to the discount structure described above.

Preferred Health Discount

A 20% discount applies for single applicants who satisfy the criteria for the preferred health discount.

A 10% discount applies for a member of a couple who satisfies the criteria for the preferred health discount.

Note:

- 1. "Member of a couple" means an applicant who is eligible for a couples discount described above.
- We may use the following alternative discount structure for future sales: A 15% discount will apply for an applicant who satisfies the criteria for the preferred health discount. This discount is actuarially equivalent to the discount structure described above.

List Bill/Commonly Marketed Discount

For groups with 3 or more actively at work employees/members a 5% discount will apply if the group is commonly marketed or list billed.

Producer Discount

A 10% discount will apply to applicants who are producers (i.e. an insurance agent appointed to sell Long Term Care insurance) and their spouses. To be eligible, the applicant must be an appointed agent, in good standing, meeting contractual sales obligations, or a spouse or partner. The discount is in effect for the lifetime of the policy.

- B -

Couples Discount

A 40% discount applies if both members of a couple submit valid applications and <u>both</u> members are issued policies.

A 25% discount applies if both members of a couple submit valid applications and <u>only 1</u> member is issued a policy.

Note:

- 1. "Valid application" means that the applicant has answered "No" to all questions in the Insurability Profile section of the application and that these answers have been verified through the collection of other risk management information (e.g. medical records and face-to-face assessments).
- 2. We may use the following alternative discount structure for a group: A 35% discount will apply if both members of a couple submit valid applications. This discount is actuarially equivalent to the discount structure described above.

List Bill/Commonly Marketed Discount

For groups with 3 or more actively at work employees/members a 5% discount will apply if the group is commonly marketed or list billed.

<u>Preferred Health Discount (Employee – Simplified Underwriting)</u>

A preferred health discount is not offered due to the fact that underwriting is on a simplified basis. More detailed underwriting is required to determine whether an applicant qualifies for this discount.

<u>Preferred Health Discount (Spouse/Other - Long Form Underwriting)</u>

A 20% discount applies for single applicants who satisfy the criteria for the preferred health discount.

A 10% discount applies for a member of a couple who satisfies the criteria for the preferred health discount.

- C -

Couples Discount

0% couples discount. If the policyholder elects to include a couples discount, rates must be adjusted.

Table: Adjustment to base rate table

Couples Discount	Adjustment to base rate table
5%	1.03
10%	1.06
15%	1.10
20%	1.15

Preferred Health Discount

A preferred health discount is not offered due to the fact that underwriting is on a simplified basis. More detailed underwriting is required to determine whether an applicant qualifies for this discount.

SERFF Tracking Number: GEFA-127125383 State: Arkansas
Filing Company: Genworth Life Insurance Company State Tracking Number: 48834

Company Tracking Number:

TOI: LTC03G Group Long Term Care Sub-TOI: LTC03G.001 Qualified

Product Name: Mega 2.0

Project Name/Number: Mega 2.0/7053POL

Supporting Document Schedules

Item Status: Status

Date:

Satisfied - Item: Flesch Certification Approved-Closed 06/20/2011

Comments: Attachment:

Readability Certification.pdf

Item Status: Status

Date:

Bypassed - Item: Application Approved-Closed 06/20/2011

Bypass Reason: Submitted under the Forms Schedule tab.

Comments:

Item Status: Status

Date:

Satisfied - Item: Health - Actuarial Justification Approved-Closed 06/20/2011

Comments:

Attachment:

Standard Rate Stability Act Memo _Form 7053_.pdf

Item Status: Status

Approved-Closed

Date:

06/20/2011

Bypassed - Item: Outline of Coverage

Bypass Reason: Submitted under the Form Schedule Tab

Comments:

Item Status: Status

Date:

Satisfied - Item: Statement of Variability Approved-Closed 06/20/2011

Comments:

Attachment:

7053 Statement of Variability Combined.pdf

SERFF Tracking Number: GEFA-127125383 State: Arkansas

Filing Company: Genworth Life Insurance Company State Tracking Number: 48834

Company Tracking Number:

TOI: LTC03G Group Long Term Care Sub-TOI: LTC03G.001 Qualified

Product Name: Mega 2.0

Project Name/Number: Mega 2.0/7053POL

Item Status: Status

Date:

Satisfied - Item: Partnership Certification Approved-Closed 06/20/2011

Comments:

Attachment:

AR Certification.pdf

GENWORTH LIFE INSURANCE COMPANY Certification

This is to certify that the forms listed below, when scored under the Flesch Reading Ease Test meet your state's minimum Flesch Score.

Form Name	Form Number	Flesch Score
Certificate plus all Insert pages	7053CRT, et al	58.1
Policy and Master Application	7053, 7053 MA	53.3
Outline of Coverage	7053OL	51.60
Graded Refund of Premium on Death Benefit Rider	7053RDR-GRP	65.7
10 Year Refund of Premium on Death Benefit Rider	7053RDR-RP10	69.2
Informal Care Benefit Rider	7053RDR-INFC	60.8
Transition Benefit Rider	7053RDR-TRN	63.6
NFO Benefit Rider	7053RDR-NFO	65.8
10 Year Survivorship Benefit Rider	7053RDR-SURV10	69.3
Enhanced Survivorship Benefit Rider	7053RDR-ESURV	67.6
Restoration Benefit Rider	7053RDR-RB	59.9
Shared Coverage Rider	7053RDR-SC	70.8
To Age 65 Premium Payment Endorsement	7053END-LP65	64.4
10 Year Premium Payment Endorsement	7053END-LP10	64.3
Wellness Endorsement	7053END-WE	50.3
Long Form Application	37613 0311	50.3

Paul Loveland

Paul Judy

Vice President, Product Compliance

<u>5/20/2011</u>

Date

STATEMENT OF VARIABILITY

Group Long Term Care Insurance Form Series 7053 and related forms

Language that appears in the forms contained in this filing may vary as described herein.

For all forms, information contained in brackets is intended to vary, either in accordance with the following general guidelines, or within the specific parameters stated below for the form containing variable language.

General Guidelines

While not enclosed in brackets, we may vary the names and/or titles of officers that appear on any of the forms. We may vary items such as addresses and telephone numbers, company officer names, titles and signatures, and may include website information if deemed appropriate. Case and individual information, such as names, ages, numbers, descriptions of coverage, coverage limits, amounts and timeframes, etc., including bracketed [] information will be completed with information appropriate to the specific group and insured (within the parameters contemplated by our rate filing) as described below. The appropriate sequential page numbers will be assigned to the bottom of each page and in the Table of Contents.

General Variable Limits applicable to all forms.

- The Nursing Facility Maximum may range from \$30 to \$400 per day provided that this upper limit may be adjusted to be consistent with the prevailing cost of care. It may be expressed as a maximum per day or per calendar month (based on a 30 day month).
- The Coverage Maximum is an amount equal to the Nursing Facility Maximum payable for at least 12 months. It may be: a specific dollar amount; the amount payable at the Nursing Facility Maximum rate for a number of days, months or years (based on 12 months/365 days per year); or Unlimited.
- The default Benefit Increases provision may be "None' or any other Benefit Increases provision chosen by the Group Policyholder.
- The Elimination Period may be 0, 30, 60, 90, 180 or 365 days, or periods within those limits; and may be waived for Home and Community Care Benefits. The Elimination Period will be based on either "calendar days" or "Days of Covered Care" (service days) with or without individual choice between the two versions.
- The Elimination Period may be waived for the Home and Community Care Benefit or for both the Home and Community Care Benefits and the Informal Care Benefit.
- The Coverage Percentage (at 80%) will **only** be used when the coverage employs co-insurance as a means of providing more affordable coverage.
- Assisted Living Facility Benefits will generally be equal to 100% of the Nursing Facility Maximum but may be offered or limited to 50%, 60% 75% of the Nursing Facility Maximum.
- Home and Community Care Benefits will generally be equal to 100% of the Nursing Facility Maximum but may be offered or limited to 50%, 60% 75% of the Nursing Facility Maximum.
- The Home Assistance Benefit is subject to a Certificate maximum payment equal to 3 times the monthly Nursing Facility Maximum.
- Bed Reservation Benefits are limited to 60 days per calendar year; and Respite Care is limited to 30 days per calendar year.
- Waiver of Premium may be limited to periods during which payment is being made under the Nursing Facility Benefit or extended to include other Benefits as described in the Schedule.
- The order in which Benefit insert pages appear may be rearranged.
- The Shared Coverage Rider may include or exclude a Joint Waiver of Premium.
- The Enhanced Survivorship Benefit has a Qualification Period that may be 7 or 10 years.
- The Informal Care Benefit pays up to a calendar year total of 30 days with a maximum of: 25% of the Nursing Facility Maximum per day when daily benefits apply; or 1% of the Nursing Facility Maximum per day when benefits are payable on a calendar month basis.
- The Transition Benefit is subject to a Certificate maximum payment equal to 5 times the daily Nursing Facility Maximum or 20% of the monthly Nursing Facility Maximum.

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FORM TITLE

7053POL Group Long Term Care Insurance Policy

• Page 1 – The Rate Guarantee Period may be omitted or use one of the following descriptions, based on the specifics of the group program.

Rate Guarantee Period: (XX) years from the Group Policy Effective Date.

Rate Guarantee Period: (XX) years from the Group Policy Effective Date, but not less than (YY) years from the Certificate Effective Date applicable to the Insured.

Rate Guarantee Period: (XX) years from the earliest Certificate Effective Date for the Insured's Certificate.

(XX) = (1-10 years)

(YY) = (1-10 years)

Page 8 (Premium Provisions)

Premium Rate Guarantee: This provision may be omitted based on the specifics of the group program. Payment of Premiums and Grace Period: The time frames in which the Policyholder's payment of premium is required may be 31, 45 or 60 days, based on the administrative parameters of the specific group. Right to Change Premium Rates:

- The right to change rates when the Rate Guarantee Period expires may be omitted when not applicable.
- The time frames for written notice or change in Premium Rates may be 60, 90, 120 or 180 days.
- Page 10 (Discontinuance Provisions)

Discontinuance Of The Offer Of Coverage Under The Group Policy:

- The timeframes for written notice of discontinuance of the offer of coverage may be 31, 60, 90 or 180 days.
- The minimum enrolled numbers of Eligible Persons and Eligible Family Members may vary from a number 2 to 20 persons.

The last paragraph of the Continuation Coverage provision may be deleted when the Policyholder is not paying a portion of the Premium.

Group Policy Eligibility Schedule

- The description of general requirements may be modified, based on the specifics of the group, to reflect (1) different maximum age limits (if any), (2) minimum participation based on number of enrolled lives (from 3 to 10 or the lesser of such a minimal number or a percentage of the total eligible population) and (3) omission of the Coverage Limits restriction (e.g. for contributory situations or minimal coverage amounts).
- Classes and categories of persons within them and the contributory nature of the coverage will be tailored to the Policyholder's criteria.
- The descriptions of the eligible Employees, Retirees and Members will be tailored to the Policyholder's criteria
- When coverage is to be made available to Eligible Family Members they may include any of the defined categories (Spouse or Partner, Surviving Spouse or Partner, Adult Child, Sibling, Parent, or Grandparent) as described or as otherwise modified based on the criteria of the Policyholder.

Benefits Master Schedule

 This will be completed to show the coverage limits and features available as described in the Addendum 1 to this Statement of Variability. Multiple Schedule pages may be used when appropriate for the plans being offered to various classes.

Certificate Forms

 This will include copies of applicable Certificate(s) and related forms and may include a listing of applicable forms.

Rate Schedule

• This will be completed to reflect applicable rates and factors. Multiple Schedule pages may be used when appropriate for the plans being offered to various classes.

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7053MA Application for Group Long Term Care Insurance

This is an acceptance application that will accompany the issued Group Policy.

- Declination of inflation or nonforfeiture options (when available based on the type of group) may be limited to identified classes.
- Reference to the Number of Eligibles will refer to either "Eligible Employees" or "Eligible Person" and will
 include the qualifier "other than Eligible Family Members", as applicable to the group and plan offerings.
- The agreement to support enrollment may be omitted when not applicable to the plan offerings.
- The Minimum Participation Requirements and Coverage Limits restrictions will be tailored to agree with the corresponding provisions in the issued policy.

7053CRT Certificate Face Page

- The timeframe in the Free Look provision may vary from 30, 45, 60 or 90 days.
- Reference to the Rate Guarantee Period in the Premium change provision will be omitted when not appropriate.
- The Pre-Existing Conditions statement at the bottom of the page will be omitted when not appropriate.
- The tax notice and signatures block which appear at the top of the Table of Contents page may be moved to the bottom of the Certificate Face Page when space permits.

7053CRT-TOC Table of Contents

- The tax notice and signature block may be moved to the Certificate Face Page as stated above.
- Page numbers will be adjusted to agree with actual Certificate content.

7053CRT-SCH Schedule

 This will be completed to show the coverage limits and features for the Insured as described in the Addendum 1 to this Statement of Variability.

7053CRT-MPD & 7053CRT-APD Modal Premium Disclosure

These are alternate insert pages and will reflect the appropriate modal Premium factors. Form 7053CRT-APD will be used when the Annual Premium is a full number multiple of the Modal Premium.

7053CRT-DEF

The last item in the Spouse or Partner definition will be omitted when requested by the Group Policyholder.

7053CRT-POC Period Of Coverage

- The Deferred Certificate Effective Date and its Actively at Work and Active Service provisions may be omitted
 in whole or in part. Bracketed wording in these provisions show alternate choices or wording that may be
 omitted based on the specifics for the case. The number of hours to be considered employed on a full-time
 basis will differ from 30 hours only when the Policyholder has established different standards for defining fulltime employment.
- When applicable, the second bullet of the "Your Right to Cancel Coverage At Any Time" provision will use
 either the Premium Due Date, calendar month or Coverage Month alternatives. When the Policyholder is not
 paying a portion of the Premium we will omit the bracketed bullet as well as the entire provision entitled
 "Continuing Coverage Paid For By The Policyholder".

7053CRT-PREM Premium and Renewal

 This form will always be included; the references to the Rate Guarantee Period will be omitted if there is no Rate Guarantee in the Schedule.

7053CRT-GEN General Provisions

• This form will always be included.

7053CRT-REP Replacement Provisions

 These Replacement Provisions will be included only when we are replacing coverage under the conditions stated therein. Inclusion of the statements related to Refund of Premium on Death Benefits and Pre-Existing Conditions Limitations will be based on features of the group program design.

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7053CRT-CP Claims Provisions

• This form will always be included. Inclusion of the Information and Referral Services provision will be based on the group program design.

7053CRT-EX Exclusions and Limitations

- Exclusions: Any of the listed exclusions may or may not be included in the group policy, based on the group program design. The second item of the Non-Duplication provision may be deleted; and the third item may include the following bracketed language as appropriate:
 - any other Federal, state of other government health or long term care program [(including the Community Living Assistance Services and Supports Act CLASS Act)]
- Coordination with Other Coverage: The provision may be omitted or may be restricted to coordinate only with group coverage, based on the group program design.
- Pre-Existing Conditions Limitation: The provision may apply to conditions beginning within either the first 6 or 12 months of coverage, may or may not apply when the application included health questions, or be omitted, based on the group program design. (The 12 month limitation will only be used when issued to one or more employers, one or more labor organizations or a trust for such groups.)

7053CRT-EL Benefit Provisions – Limitations or Conditions on Eligibility for Benefits

This form will always be included.

7053CRT-PCC Privileged Care Coordination Services

This form will always be included.

7053CRT-NF Nursing Facility Benefit

This form will always be included.

7053CRT-ALF and 7053CRT-ALFV Assisted Living Facility Benefit

These are alternate Benefit insert pages. Form 7053CRT-ALFV will be used for groups that vary (either at the
individual or plan basis) in the manner in which room charges in an Assisted Living Facility are covered – they
contain no variable language.

7053CRT-BR & 7053CRT-BRNF Bed Reservation Benefit

• These are alternate Benefit insert pages. Form 7053CRT-BRNF will be used when the applicable plan is limited to reserving accommodations in a Nursing Facility – they contain no variable language.

7053CRT-INF International Nursing Facility Benefit

• This Benefit is optional at the plan level - it has no variable language.

7053CRT-IC International Coverage Benefit

This Benefit is optional at the plan level - it has no variable language.

7053CRT-HCFI & 7053CRT-HCF Home and Community Care Benefit

• These are alternate Benefit insert pages. Form 7053CRT-HCF will be used when the coverage is limited to Formal Care Providers; they contain no variable language.

7053CRT-INFC Informal Care Benefit

• This Benefit is optional at the plan level - it has no variable language.

7053CRT-TRN Transition Benefit

This Benefit is optional at the plan level - it has no variable language.

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7053CRT-HA Home Assistance Benefit

· This form will always be included.

7053CRT-HOS Hospice Care Benefit

• This form will always be included.

7053CRT-RES Respite Care Benefit

• This form will always be included.

7053CRT-ALT Alternate Care Benefit

• This form will always be included.

7053CRT-RB Restoration Benefit

• This Benefit is optional at the plan level - it has no variable language.

7053CRT-WP Waiver of Premium Benefit

• This form will always be included.

7053CRT-RP10 10 Year Refund of Premium on Death Benefit

• This Benefit is optional at the plan level - it has no variable language.

7053CRT-GRP Graded Refund of Premium on Death Benefit

This Benefit is optional at the plan level - it has no variable language.

7053CRT-NFO Nonforfeiture Benefit

• This Benefit is optional at the plan level - it has no variable language.

7053CRT-CNF Contingent Nonforfeiture Benefit

This form will always be included.

7053END-WE Wellness Endorsement

This feature is optional at the group program level. The bracketed language will appear should the company choose to launch a program in which additional wellness services are made available as an incentive to participate in a health assessment.

AVAILABLE ENDORSEMENTS & RIDER

 The following Endorsements and Riders are available as options (based on plan design) – they have no variable language.

7053RDR-NFO Nonforfeiture Benefit Rider 7053RDR-SC Shared Coverage Rider

7053RDR-SURV10 10 Year Survivorship Benefit Rider 7053RDR-ESURV Enhanced Survivorship Benefit Rider

7053RDR-RP10 10 Year Refund of Premium on Death Benefit Rider 7053RDR-GRP Graded Refund of Premium on Death Benefit Rider

7053RDR-RB Restoration Benefit Rider 7053RDR-INF Informal Care Benefit Rider 7053RDR-TRN Transition Benefit Rider

7053END-LP10 10 Year Premium Payment Endorsement 7053END-LP65 To Age 65 Premium Payment Endorsement

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7053-OL Outline of Coverage

General Considerations: The Outline of Coverage has been designed to show either plan variables within the text or aggregate them in a Coverage Worksheet at the end. Bracketed information is variable based on Group Policy provisions. Selection circles (like check boxes) and related descriptive titles will be used when the choices are being shown within the text. The descriptions may be modified to indicate when a benefit, feature or variable is applicable to a particular class or plan, and will be omitted when only one of the choices applies or the feature is automatically included or provided for in the Coverage Worksheet. Similarly, if a fill-in item is not variable (such as only one Elimination Period applies) the appropriate value or entry will be shown. The Outline may be used for an individual or a couple applying together.

- Item 1 (Policy Designation) will reflect the jurisdiction in which the Group Policy is issued.
- Item 5 (Terms under Which The Company May Change Premium) will have the rate change notification and rate guarantee period sentences modified or deleted as applicable under the Group Policy.
- Item 6 (Terms Under Which The Certificate May Be Returned And Premium Refunded) will reflect the Free Look Period (30, 45, 60 or 90 days) applicable under the Group Policy.
- Item 9 (Benefits Provided) fill-in/options will be described as appropriate. The Other Features and Options will always include one of the International Benefits. Other available Benefits and Features will be listed as either Optional or Automatically Included and may be reordered as appropriate. If a feature applies only to certain classes or plans, a notation similar to the "Automatically Included" phrase may be used to indicate that qualification.
- Item 10 (Exclusions and Limitations) will be completed to agree with the corresponding provisions of the Group Policy.
- Item 11 (Relationship Of Cost Of Care And Benefits) The descriptions of Available Benefit Increase Options will reflect the options available under the Group Policy (and their applicable graphic comparisons. This section may also indicate a default option (other than "None" e.g. a Future Purchase Option) when no other increase option is selected.
- Item 13 (Premium) The listing of premium bearing options can either be pre-completed or provide blank lines for the listing of options selected and their respective Premium. Modal Premium and Premium Payment Period information will agree with the corresponding items under the Group Policy.
- Item 14 (Additional Features) One or more Coverage Worksheets accommodating 1 or 2 Applicants may be
 provided at the end of the Outline to record Applicant selections either by fill-in of choices or selection from a
 listing of available plan choices. Bracketed material may be omitted (e.g. Coverage Percentage when it is 100%
 and Benefit Multiplier references when dollar amount Coverage Maximum selections apply) and vary or be
 modified as appropriate.
- When used, the Coverage Worksheet will provide for fill-in or selection of applicable variables.

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<u>Form</u> <u>Title</u>

115754 Long Term Care Insurance Personal Worksheet

- All Sections The form may be revised to contain signature lines for only one applicant. In that event, any reference to a second applicant, including title lines for Applicant B Signature, duplicate signature lines and additional text would not appear.
- **Preliminary Text** The instructions regarding completion and submission of the form will appear only as appropriate to the group and insured.
- Section B References to the national median cost of care will be updated as appropriate.

References to *Agent/Producer* will appear as appropriate, dependent upon the involvement of an agent/producer in the application process.

37613 0311 Long Form Application

- Title Section and Sections A, B, J, K, L, and M: Variable information, such as the policyholder name, policy number, description of eligible classes and actively at work definitions, plans, benefits selections, etc., will be included as appropriate based on case specific requirements. The specific class may or may not appear in the title line.
- Section G, Item 3: If the application is to be submitted electronically, the phrase "in your own handwriting" will not appear.
- Sections I and M: Reference to the Medical Information Bureau will be used only if the underwriting process includes review of the records in the Medical Information Bureau.
- Section I:
- The use of Actively at Work or Active Service will be based on case specific requirements.
- The agreement statement may be replaced in its entirety with: "I request to be insured in accordance with the terms of the Group Policy. I understand and agree that the insurance applied for shall not take effect unless and until my application is approved by the Company; and I have met the eligibility requirements of the Group Policy including the [Actively At Work/Active Service requirements noted in Section A]; and there has been no change in my health that would change the answer to any of the questions in this application; and the Group Policy is in effect."
- Section K: Only the amounts and benefit options available under the Group Policy will be included.
- Section L:
- Only those premium payment options available under the Group Policy will be included
- References to Domestic Partners will only be included if they are eligible under the Group Policy. The
 reference may be changed as required by state law.
- Section M: The application may contain our most current notice of our Insurance Information Practices.

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STATEMENT OF VARIABILITY Addendum 1

Applicable to the Benefits Master Schedule and Certificate Schedule used with Group Long Term Care Insurance Form Series 7053 and related forms

The following describes the information used to create the Benefits Master Schedule of the Group Policy and the corresponding Certificate Schedule. When applicable to a Policy Benefits Master Schedule, the range of choices and options for the applicable plan(s) will be shown (either on a single Schedule or separate Schedules for varying plans). At the top of the Schedule and within the variables reflecting individual selections the case/individual information, such as names, ages, numbers, descriptions of plans, page numbers, benefit structure, amounts and timeframes, etc., including bracketed [] information will be completed with information appropriate to the specific group and insured (within the parameters contemplated by our rate filing) as described below.

COVERAGE FEATURES AND LIMITATIONS

This area will include the information illustrated with the bracketed language applicable as follows:

All Schedule references to Covered Percentage will be deleted when payment is not subject to coinsurance.

Elimination Period: "None", "XX days of Covered Care"; or "XX calendar days"

The Elimination Period may be expressed as "XX days of Covered Care" with the following description: The Elimination Period is satisfied by days You incur a Covered Expense while You are Chronically III.

The Elimination Period may be expressed as "XX calendar days" with the following description: The Elimination Period is satisfied by days You are Chronically III beginning with the first day You incur a Covered Expense. Or

The Elimination Period is satisfied by days You are Chronically III beginning with the day on which a Licensed Health Care Practitioner certifies You as being Chronically III.

One of the following will be added to the above when the Elimination Period is waived or not applicable to a named Benefit.

There is no Elimination Period for the Home and Community Care Benefit. In addition, days for which payment is made under that Benefit will count toward satisfying the Elimination Period.

There is no Elimination Period for both the Home and Community Care Benefit and the Informal Care Benefit. In addition, days for which payment is made under those Benefits will count toward satisfying the Elimination Period.

Coverage Maximum: This will be expressed as a dollar amount (e.g. "\$xxx,xxx") or "Unlimited"

Nursing Facility Maximum: This will be expressed as a dollar amount per day or per calendar month (e.g. "\$xxx.00 per day" or "\$x,xxx.00 per calendar month")

Benefit Increases: This will show either "None" or the name of one of the applicable Benefit Increases provision. The description of any applicable Benefit Increases provision will appear at the bottom of the page.

When Benefit Increases will apply to current payment maximums the following explanation will appear: The Coverage Maximum and amounts based on the Nursing Facility Maximum are: (a) increased when Benefit Increases apply; and (b) exhausted only when the total of all benefits paid equals the then applicable maximum amount. Benefit Increases that apply are not affected by any Benefits paid for Covered Expenses incurred prior to the date the applicable maximum is exhausted.

When Benefit Increases will apply to unused payment maximums the following explanation will appear: The Coverage Maximum and amounts based on the Nursing Facility Maximum are: (a) reduced as payments are made for Covered Expenses; (b) increased when Benefit Increases apply; and (c) exhausted when they are reduced to zero.

The above will be followed by any applicable Benefit Increases provision, as follows.

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Benefit Increases: When a Benefit Increases provision applies, it will be described in one of the following ways. Where [XX.x%] appears in a Purchase Option we will insert the % increase for the applicable rate and time period.

[5%][4%][3%] Compound Benefit Increases: On each anniversary of Your Certificate Effective Date Your then current Nursing Facility Maximum and the current amounts of other dollar maximums will each increase by [5%][the selected percentage].

These Benefit Increases will be automatic; will not require proof of good health; and will be made without a corresponding increase in Premium. They will continue without regard to Your age, Claim status or Claim history, or length of time You have been insured.

Benefit Increases cease when: (a) the applicable maximum has been exhausted; (b) they are terminated by You; (c) Your Coverage ends; or (d) Your Coverage is continued under any Nonforfeiture Benefit, if applicable]

[Graded Compound Benefit Increases: On each anniversary of Your Certificate Effective Date Your then current Nursing Facility Maximum and the current amounts of other dollar maximums will each increase by:

- 5% while You are 60 years of age and younger;
- 3% while You are at least 61 years of age and less than 76 years of age; and
- 2% while You are 76 years of age and older.

These Benefit Increases will be automatic; will not require proof of good health; and will be made without a corresponding increase in Premium. They will continue without regard to Your age, Claim status or Claim history, or length of time You have been insured.

Benefit Increases cease when: (a) the applicable maximum has been exhausted; (b) they are terminated by You; (c) Your Coverage ends; or (d) Your Coverage is continued under any Nonforfeiture Benefit, if applicable.]

[Benefit Increases Adjusting at Age 66: On each anniversary of Your Certificate Effective Date Your then current Nursing Facility Maximum and the current amounts of other dollar maximums will each increase by:

- 5% of the then current amounts while You are 65 years of age and Younger; and
- thereafter by 5% of the respective amounts in effect on the anniversary of Your Coverage Effective Date on which You were 65 years of age.

These Benefit Increases will be automatic; will not require proof of good health; and will be made without a corresponding increase in Premium. They will continue without regard to Your age, Claim status or Claim history, or length of time You have been insured.

Benefit Increases cease when: (a) the applicable maximum has been exhausted; (b) they are terminated by You; (c) Your Coverage ends; or (d) Your Coverage is continued under any Nonforfeiture Benefit, if applicable.]

[5% Equal Benefit Increases: On each anniversary of Your Certificate Effective Date Your then current Nursing Facility Maximum and the current amounts of other dollar maximums will each increase by 5% of their respective amounts in effect on Your Certificate Effective Date.

These Benefit Increases will be automatic; will not require proof of good health; and will be made without a corresponding increase in Premium. They will continue without regard to Your age, Claim status or Claim history, or length of time You have been insured.

Benefit Increases cease when: (a) the applicable maximum has been exhausted; (b) they are terminated by You; (c) Your Coverage ends; or (d) Your Coverage is continued under any Nonforfeiture Benefit, if applicable.]

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[5%][3%] Future Purchase Options: These provide a way to increase Your Benefit maximums on every [2nd][3rd] [anniversary of the Group Policy Effective Date][xx month, yy day beginning in zzzz year][anniversary of Your Certificate Effective Date]. Increases will not be available or effective, and may be revoked or rescinded, if You are Chronically III or otherwise eligible for Benefits on the date the offer is accepted.

[You will be given the option to purchase] [Unless refused/declined by You, these increases will provide] additional coverage equal to [5%][3%] compounded annually for the [2][3] year period (an approximate increase of [XX.x%]). The increases will apply to Your then current Nursing Facility Maximum and the current amounts of other dollar maximums. The additional Premium for an increase will be based on: (1) the amount of the increase; and (2) Your age and the Premium in effect for the Group Policy on the date the increase takes effect.

Offers and Benefit Increases cease when: (a) You have refused/declined [two][three] consecutive options to increase Benefit maximums; (b) the applicable maximum has been exhausted; (c) they are terminated by You; (d) Your Coverage ends; or (e) Your Coverage is continued under any Nonforfeiture Benefit, if applicable.]

[5%][3%] Guaranteed Purchase Options: These provide a way to increase Your Benefit maximums on every [2nd][3rd] [anniversary of the Group Policy Effective Date][xx month, yy day beginning in zzzz year][anniversary of Your Certificate Effective Date]. Increases will be available even if You are Chronically III or otherwise eligible for Benefits.

[Unless refused/declined by You, these increases will provide] [You will be given the option to purchase] additional coverage equal to [5%][3%] compounded annually for the [2][3] year period (an approximate increase of XX.x%). The increases will apply to Your then current Nursing Facility Maximum and the current amounts of other dollar maximums. The additional Premium for an increase will be based on: (1) the amount of the increase; and (2) Your age and the Premium in effect for the Group Policy on the date the increase takes effect.

Offers and Benefit Increases cease when: (a) You have refused/declined [two][three] consecutive options to increase Benefit maximums; (b) the applicable maximum has been exhausted; (c) they are terminated by You; (d) Your Coverage ends; or (e) Your Coverage is continued under any Nonforfeiture Benefit, if applicable.]

BENEFITS AND SERVICES PROVIDED

This area will list the Benefits, Services and related payment limits that apply. Bracketed text reflects either alternative wording or information that is variable and will be included as appropriate to reflect applicable plan features. For Certificates, applicable endorsements and optional riders will appear below the description of Benefits and Services Provided; In the policy that listing will appear in conjunction with the Certificate Forms Listing which will also include forms listings reflection plan and multi-state (extraterritorial) differences.

PREMIUM DATA

This area will indicate the specific premium charges including any optional Riders with the applicable Premium. When Shared Coverage or a Survivorship Benefit applies, the name of the Spouse/Partner will be indicated in addition to the applicable premium.

The above is followed by entries with the appropriate modal Premium factors, First Premium, Premium Payment Mode, Modal Premium, Premium Payment Period, any Rate Guarantee, and Rating for the Insured. However, when the Annual Premium is an even multiple of the Modal Premium, only wording describing any Rate Guarantee, and the applicable Rating and Premium Payment Period will appear and alternate Modal Premium Disclosure page, form 7053CRT-APD, will be used.

Rate Guarantee wording will be modified as appropriate, or omitted if not applicable.

At the bottom of the last Certificate Schedule page there may be an Optional Entry for Schedule Print Date to be used when a reprinting of the Schedule is appropriate to reflect insured requested changes, such as a change of address or others entries, including, but not limited to those that are administrative in nature or made upon the written request of the Insured.

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RULE 94

APPENDIX C ISSUER CERTIFICATION FORM

(relating to Qualified State Long-Term Care Insurance Partnership)

In order to provide the Insurance Commissioner with information necessary to provide a certification for policies, this Issuer Certification Form requires information and a certification from issuers of long-term care insurance policies with respect to policy forms that may be covered under the Qualified Partnership of the State.

An insurance company may request certification of policies from time to time and, accordingly, may supplement this issuer certification form, *e.g.*, as it introduces new long-term care insurance policy forms for issuance.

I. GENERAL INFORMATION

A. Name, address and telephone number of issuer:

Genworth Life Insurance Company 6620 West Broad St. Bldg 2 Richmond, VA 23230 888-436-9678

B. Name, address, telephone number, and email address (if available) of an employee of issuer who will be the contact person for information relating to this form:

Camisha Jones 6620 West Broad St. Bldg 2 Richmond, VA 23230 804-484-7044

C. Policy form number(s) (or other identifying information, such as certificate series) for policies covered by this Issuer Certification Form (expand the space below as required):

7053POL/7053CRT et al

Specimen copies of each of the above policy forms, including any riders and endorsements, shall be provided upon request.

II. CERTIFICATIONS

- **A.** I hereby certify that the policy forms listed above are in compliance with Rule 13 and Rule 94 and all other Arkansas statutes and rules regarding long-term care insurance.
- **B.** I hereby certify to the best of my knowledge and belief that all producers who sell, solicit or negotiate long-term care insurance products on Genworth Life Insurance Company's behalf have received the training required for Partnership policies and that they demonstrate an understanding of the policies and their relationship to public and private long-term care coverage.
- **C.** I hereby certify that the answers, accompanying documents, and other information set forth herein are, to the best of my knowledge and belief, true, correct, and complete.

5/20/2011	Paul Loveland, VP	
Date	Name and title of officer of the Issuer	
	Paul Pweld	

Signature of officer of the Issuer